

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF TEXAS

Case number (if known)

Chapter

11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Heartland Cabinetry And Furniture, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 45-4947462

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

7900 Valcasi Drive
Arlington, TX 76001

Number, Street, City, State & ZIP Code

P.O. Box, Number, Street, City, State & ZIP Code

Tarrant

County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) _____

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: _____

Debtor **Heartland Cabinetry And Furniture, Inc.**
Name

Case number (if known)

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?**Check one:**

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. **Check all that apply:**

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District _____
District _____

When _____
When _____

Case number _____
Case number _____

Debtor **Heartland Cabinetry And Furniture, Inc.**
Name

Case number (if known)

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☒ No
☐ Yes.

List all cases. If more than 1,
attach a separate list

Debtor
District

When

Relationship

Case number, if known

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

- ☐ It needs to be physically secured or protected from the weather.

- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

- ☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes.

Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☐ 1-49

☐ 50-99

☒ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☒ \$1,000,001 - \$10 million

☐ \$500,000,001 - \$1 billion

Debtor	Heartland Cabinetry And Furniture, Inc.	Case number (if known)
Name		
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor **Heartland Cabinetry And Furniture, Inc.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 8, 2023**

DocuSigned by:

X *J. Marcus Scrudder*F050E33F0F5443F...
Signature of authorized representative of debtor**J. Marcus Scrudder**

Printed name

Title **President****18. Signature of attorney****X** **/s/ Trey Monsour**

Signature of attorney for debtor

Date **December 8, 2023**

MM / DD / YYYY

Trey Monsour

Printed name

Fox Rothschild LLP

Firm name

2501 N. Harwood St.**Suite 1800****Dallas, TX 75201**

Number, Street, City, State & ZIP Code

Contact phone **(972) 991-0889**Email address **tmonsour@foxrothschild.com****14277200 TX**

Bar number and State

HEARTLAND CABINETRY AND FURNITURE, INC.

ACTION BY UNANIMOUS WRITTEN CONSENT OF THE DIRECTORS

IT IS RESOLVED that in the judgment of the Directors, it is desirable and in the best interests of Heartland Cabinetry And Furniture, Inc., a Texas corporation (the "Company"), that the Company commence a chapter 11 case (the "Chapter 11 Case") by filing a voluntary petition for relief under the provisions of chapter 11 of title 11, of the United States Code (the "Bankruptcy Code") in the United States Bankruptcy Court for the District of Nevada (the "Bankruptcy Court"); and it is

FURTHER RESOLVED that Marcus Scrudder (the "Proper Officer") is hereby authorized and empowered to execute and verify or certify on behalf of, and in the name of, the Company, a voluntary petition for relief under chapter 11 of the Bankruptcy Code and to cause appropriate documents to be filed in the United States Bankruptcy Court for the District of Nevada, and any affidavits, forms, schedules, lists, applications or any other pleadings or documents which are necessary or appropriate to file the voluntary petition; and it is

FURTHER RESOLVED that the Proper Officer of the Company be, and they hereby is, authorized and empowered to execute on behalf of, and in the name of, the Company any and all plans of reorganization under chapter 11 of the Bankruptcy Code, including any and all modifications, supplements, and amendments thereto, and to cause the same to be filed in the United States Bankruptcy Court for the District of Nevada at such time as said authorized officer executing the same shall determine; and it is

FURTHER RESOLVED that in connection with the commencement of the chapter 11 case by the Company, the Proper Officer of the Company be and hereby is, authorized and empowered on behalf of, and in the name of, the Company to execute and file all first-day pleadings and related documents on such terms and conditions as such officer or officers executing the same may consider necessary, proper or desirable, such determination to be conclusively evidenced by such execution or the taking of such action, and to consummate the transactions contemplated by such agreements or instruments on behalf of the Company; and it is

FURTHER RESOLVED that the law firm of Fox Rothschild, LLP, is hereby employed as general bankruptcy counsel for the Company upon such terms and conditions as the Proper Officer shall approve, to render legal services to, and to represent, the Company in connection with the chapter 11 case, subject to Bankruptcy Court approval, and in connection therewith, the Proper Officer of the Company is hereby authorized and directed to execute appropriate retention agreements and pay appropriate retainers prior to and immediately upon the filing of the chapter 11 case and cause to be filed with the Bankruptcy Court an appropriate application for authority to retain the services of such firm; and it is

FURTHER RESOLVED that the Proper Officer of the Company is hereby authorized to employ and retain on behalf of the Company such other professionals as he deems necessary or appropriate upon such terms and conditions as the Proper Officer shall

approve, to provide services to the Company as may be requested by the Proper Officer of the Company in connection with the chapter 11 case and with respect to other related matters, with a view to the successful prosecution of such case; and it is

FURTHER RESOLVED that the Proper Officer of the Company be, and he hereby is, authorized and empowered to obtain post-petition financing according to terms negotiated, or to be negotiated, by management of the Company, including under debtor-in-possession credit facilities or relating to the use of cash collateral, and to enter into any guarantees and to pledge or grant liens on its assets as may be contemplated by or required under the terms of such post-petition financing or cash collateral agreements, and in connection therewith, such affairs of the Company, is hereby authorized and directed to execute appropriate loan agreements, cash collateral agreements, and related ancillary documents; and it is

FURTHER RESOLVED that the Proper Officer of the Company is authorized and directed to take any and all further action, and to execute and deliver in the name of, and on behalf of, the Company, any and all such other and further instruments and documents and to pay all such expenses (subject to Bankruptcy Court approval), where necessary or appropriate in order to carry out the full intent and accomplish the purposes of the resolutions adopted herein; and it is

FURTHER RESOLVED that all acts lawfully done or actions lawfully taken by the Proper Officer or the Director of the Company to file the voluntary petition for relief under chapter 11 of the Bankruptcy Code or in any other connection with the chapter 11 case of the Company, or any matter related thereto, or by virtue of these resolutions be, and hereby are, in all respects ratified, confirmed, and approved.

[THE REMAINDER OF THIS PAGE HAS INTENTIONALLY BEEN LEFT BLANK.
SIGNATURE PAGE TO FOLLOW.]

IN WITNESS WHEREOF, the undersigned has signed this Written Consent as of this 8th day of December, 2023.

**HEARTLAND CABINETRY AND
FURNITURE, INC., a Texas corporation**

By:

DocuSigned by:

J. Marcus Scudder

F050E33F0F5443F...

Name: J. Marcus Scudder

Title: President

By:

DocuSigned by:

Pamela Kiper

2AA628AAD5E240D...

Name: Pamela Kiper

Title: Secretary

Fill in this information to identify the case:Debtor name Heartland Cabinetry And Furniture, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing

DocuSigned by:

Executed on December 8, 2023J. Marcus ScrudderF050E33F0F5443F...
Signed by J. Marcus Scrudder on behalf of debtorJ. Marcus Scrudder

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Heartland Cabinetry And Furniture, Inc.**
 United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**
 Case number (if known): _____

☐ Check if this is an
 amended filing

Official Form 204**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
BARNEY ROBINSON HARDWOODS P.O. BOX 2374 FT. WORTH, TX 76113		Trade debt (Material Supplier)				\$10,834.22
COMPLETE CONSUMER SOLUTIONS, INC 170 S GREEN VALLEY PKWY, SUITE 300 HENDERSON, NV 89012		Trade debt (ERC Credit Services)				\$107,836.27
HALO WOODS 2386 FARADAY AVE, SUITE 125 CARLSBAD, CA 92008		Trade Debt (Material Supplier)				\$23,635.05
HARDWARE RESOURCES P.O. BOX 732674 DALLAS, TX 75373-2674		Trade Debt (Material Supplier)				\$22,551.47
HARDWOODS SPECIALTY PRODUCTS 833 S. GREAT SOUTHWEST PKWY GRAND PRAIRIE, TX 75051		Trade Debt (Material Supplier)				\$139,015.43
INTERNAL REVENUE SERVICE OGDEN, UT 84201-0039		940/941 Taxes				\$165,096.31

Debtor **Heartland Cabinetry And Furniture, Inc.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
INTERNAL REVENUE SERVICE OGDEN, UT 84201-0039		940/941 Taxes				\$158,793.57
INTERNAL REVENUE SERVICE DEPARTMENT OF THE TREASURY OGDEN, UT 84201-0010		Tax Penalty for Non-Payment of 2021 940/941				\$74,665.96
INTERNAL REVENUE SERVICE OGDEN, UT 84201-0039		940/941 Taxes				\$68,646.59
INTERNAL REVENUE SERVICE OGDEN, UT 84201-0039		940/941 Taxes				\$20,278.27
INTERNAL REVENUE SERVICE OGDEN, UT 84201-0039		940/941 Taxes				\$14,482.06
JOSEPH HOGAN 1723 FOREST HILLS DR. HARKER HEIGHTS, TX 76548-1825		Business Loan				\$140,000.00
KELLY-MOORE PAINTS PO BOX 59724 LOS ANGELES, CA 90074-9724		Trade Debt (Material Supplier)				\$50,414.24
MJB WOOD GROUP PO BOX 207686 DALLAS, TX 75320-7686		Trade Debt (Material Supplier)	Disputed			\$66,216.80
NEXTLEVEL STAFFING C/O BRIDGEPORT CAPITAL FUNDINGS PO BOX 101004 ATLANTA, GA 30392-1004		Trade debt (Labor Supplier)				\$15,973.15
PASSMAN AND JONES 1201 ELM STREET DALLAS, TX 75270		Legal Services				\$10,935.00

Debtor **Heartland Cabinetry And Furniture, Inc.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
SLR TEXAS CONSTRUCTION, LLC 2300 N. FIELD STREET, SUITE 800 DALLAS, TX 75201		Business Loan				\$395,000.00
Tarrant County, et al. LINEBARGER GOGGAN BLAIR & SAMPSON, LLP 2777 N. STEMMONS FWY, SUITE 1000 DALLAS, TX 75207		Property Tax Collector		\$15,045.44	\$0.00	\$15,045.44
TEXAS COMPTROLLER OF PUBLIC ACCOUNTS P.O. BOX 149348 AUSTIN, TX 78714-9348		Franchise Tax				Unknown
WTC LUMBER P.O. BOX 360 LINDEN, TX 76001		Trade Debt (Material Supplier)				\$57,882.64

Fill in this information to identify the case:Debtor name **Heartland Cabinetry And Furniture, Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **1,027,237.60****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **1,027,237.60****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **1,840,513.39****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **546,638.77****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **1,096,052.43****4. Total liabilities**
Lines 2 + 3a + 3b\$ **3,483,204.59**

Fill in this information to identify the case:Debtor name **Heartland Cabinetry And Furniture, Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **MapleMark Bank**
Reagan Place at Old Park and
3963 Maple Avenue, Suite 260
Dallas, TX 75219

Business Checking**5090****\$0.00**

3.2. **Frost Bank**
P.O. Box 16509
Fort Worth, Texas 76162

Business Checking
(401k Account)**2633****\$9.58**

3.3. **Frost Bank**
P.O. Box 16509
Fort Worth, Texas 76162

Business Checking**6433****\$0.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$9.58**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
- ☐ Yes Fill in the information below.

Part 3: Accounts receivable

Debtor Heartland Cabinetry And Furniture, Inc.
Name

Case number (If known) _____

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
- ☒ Yes Fill in the information below.

11. Accounts receivable

11a. 90 days old or less: 780,828.02 - 0.00 = 780,828.02
face amount doubtful or uncollectible accounts

12. Total of Part 3.

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$780,828.02

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
- ☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
- ☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials Raw Materials (See Attached List) 308 South Mockingbird Lane, Keene, TX 76059 (Import Cabinets \$87,292) 7900 Valcasi Drive, Arlington, TX 76001 (Remainder)		\$135,000.00	Recent cost	\$135,000.00

20. Work in progress

21. Finished goods, including goods held for resale

22. Other inventory or supplies

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

\$135,000.00

24. Is any of the property listed in Part 5 perishable?

- ☒ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
- ☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

Debtor **Heartland Cabinetry And Furniture, Inc.**
Name

Case number (If known)

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Various Office Desks, Chairs, and related furniture	\$5,000.00	N/A	\$5,000.00
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Computers, Software, Copier, and related computer accessories	\$2,000.00	N/A	\$2,000.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$7,000.0044. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			

Debtor	Heartland Cabinetry And Furniture, Inc.	Case number (If known)		
	Name			
47.1.	2004 Ford F250 (VIN 1FTNF21L24EC898U5)	\$4,000.00	Comparable sale	\$4,000.00
47.2.	2013 Wells Cargo 21' Trailer (Serial No. 93 44425)	\$5,500.00	Comparable sale	\$5,500.00
47.3.	2013 Wells Cargo 14' Trailer (No Serial No.)	\$3,500.00	Comparable sale	\$3,500.00
47.4.	2006 Wells Cargo 21' Trailer (Unknown Serial No.)	\$450.00	Comparable sale	\$450.00
47.5.	2014 Ford F-250 (VIN 1FT7W2A68EEA37755)	\$5,500.00	Comparable sale	\$5,500.00
47.6.	2014 Ford Fusion (VIN 3FA6P0G78ER128427)	\$1,850.00	Comparable sale	\$1,850.00
47.7.	2015 Ford 350 Transit Van (VIN 1FTSW3XG0FKS15512)	\$14,000.00	Comparable sale	\$14,000.00
47.8.	2015 Ford F-150 XL (VIN 1FTEW1EF3FK0934)	\$4,800.00	Comparable sale	\$4,800.00
47.9.	2015 Ford Transit Express (VIN NM0LS7E70F1227551)	\$6,800.00	Comparable sale	\$6,800.00
47.10	2017 Acura MDX (VIN 5J8YD3H50HL001976)	\$18,000.00	Comparable sale	\$18,000.00
47.11	2017 Ford F-150 XL (VIN 1FTEX1C85HKE55452)	\$5,500.00	Comparable sale	\$5,500.00
47.12	2017 Interstate Trailer (VIN 4RAVS2421HC046953)	\$3,500.00	Comparable sale	\$3,500.00
47.13	2020 GMC Sierra AT4 (VIN 1GTU9EETXLZ293915)	\$31,000.00	Comparable sale	\$31,000.00
48.	Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
	See Attached List.	Unknown	Replacement	Unknown

Debtor Heartland Cabinetry And Furniture, Inc.
Name

Case number (If known) _____

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$104,400.0052. **Is a depreciation schedule available for any of the property listed in Part 8?**☒ No☐ Yes53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**☒ No☐ Yes**Part 9: Real property**54. **Does the debtor own or lease any real property?**☐ No. Go to Part 10.☒ Yes Fill in the information below.55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest****Description and location of property**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

Nature and extent of debtor's interest in property**Net book value of debtor's interest**
(Where available)**Valuation method used for current value****Current value of debtor's interest**55.1. **7900 Valcasi Drive,
Arlington, Texas
76001**LesseeUnknown\$0.0056. **Total of Part 9.**Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.\$0.0057. **Is a depreciation schedule available for any of the property listed in Part 9?**☒ No☐ Yes58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**☒ No☐ Yes**Part 10: Intangibles and intellectual property**59. **Does the debtor have any interests in intangibles or intellectual property?**☒ No. Go to Part 11.☐ Yes Fill in the information below.**Part 11: All other assets**70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.☐ Yes Fill in the information below.

Debtor Heartland Cabinetry And Furniture, Inc.
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$9.58</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$780,828.02</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$135,000.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$7,000.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$104,400.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$1,027,237.60</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$1,027,237.60</u>

A/R as of November 30, 2023 (Schedule B - Q. 11)

	Current	1 - 30	31 - 60	61 - 90	> 90	TOTAL
COUTO HOMES	0.00	58,863.24	25,780.69	0.00	47,387.14	132,031.07
FRED EVANS CUSTOM HOMES	0.00	0.00	0.00	0.00	2,732.00	2,732.00
HEADLINE CONSTRUCTION	0.00	16,500.00	0.00	0.00	0.00	16,500.00
HEATHERDALE CUSTOM HOMES	0.00	0.00	0.00	0.00	1,395.00	1,395.00
HOLT, KRISTI	0.00	8,684.62	0.00	0.00	0.00	8,684.62
MJB	0.00	0.00	0.00	0.00	30,000.00	30,000.00
MODERN LIVING	0.00	12,500.00	0.00	0.00	0.00	12,500.00
MODULAR PLUS	0.00	0.00	0.00	0.00	547,151.60	547,151.60
QUANTUM CUSTOM HOMES, INC.	0.00	3,045.78	0.00	0.00	0.00	3,045.78
STRANGE & SONS DEVELOPMENT	0.00	500.00	0.00	0.00	0.00	500.00
WHITLER CONSTRUCTION	0.00	26,287.95	0.00	0.00	0.00	26,287.95
TOTAL	0.00	126,381.59	25,780.69	0.00	628,665.74	780,828.02

Inventory Listing

Qty	Wood type	Description	Price ea	Ext
3,000	Misc	1-3" Moulding	\$ 1	\$ 3,000
480	Misc	Over 3" Moulding	\$ 2	\$ 768
1,500	Misc	1-3" Moulding	\$ 1	\$ 1,500
1,200	Misc	Over 3" Moulding	\$ 2	\$ 1,920
2,000	Misc	Crown Molding	\$ 3	\$ 5,700
1,200	Misc	1-3" Moulding	\$ 1	\$ 1,200
3,600	Misc	Under 1" Moulding	\$ 1	\$ 2,700
3,000	Misc	1-3" Moulding	\$ 1	\$ 3,000
1,000	Misc	Under 1" Moulding	\$ 1	\$ 750
1,200	Oak	Over 3" Moulding	\$ 3	\$ 3,000
35	Misc	E Crown	\$ 4	\$ 123
100	Misc	Drawer guides (bulk)	\$ 12	\$ 1,150
400	Misc	Hinges (soft / regular)	\$ 2	\$ 660
85		1/4" plywood	\$ 43	\$ 3,686
10	Ash	3/4" plywood	\$ 87	\$ 870
5	oak	3/4" plywood	\$ 106	\$ 532
20	birch	3/4" plywood	\$ 63	\$ 1,255
40	birch	5/8" plywood	\$ 49	\$ 1,950
4	alder	3/4" plywood	\$ 133	\$ 530
4	maple	3/4" plywood	\$ 111	\$ 442
2	s alder	3/4" plywood	\$ 106	\$ 213
4	hickory	3/4" plywood	\$ 128	\$ 511
40	Misc	1/4-3/4" plywood	\$ 50	\$ 2,000
2	Walnut	3/4" plywood	\$ 144	\$ 289
10	birch	1/2" 5x5	\$ 51	\$ 506
20	various	1/8" cabinet backer	\$ 9	\$ 186
3	various	wood veneers	\$ 116	\$ 348
1,500	Misc	various hardwoods	\$ 3	\$ 4,890
40	Melamine	2-sided melamine	\$ 36	\$ 1,450
20	MDF	1/2" MDF	\$ 26	\$ 520
10	Particle Board	3/4" Partical board	\$ 24	\$ 240
10	Particle Board	5/8" Partical board	\$ 40	\$ 400
1	Various	Import Cabinets	\$ 87,292	\$ 87,292
1	various	Import Hardware	\$ 616	\$ 616
0		White Glue	\$ 3,650	\$ 50
5	gallons	Laquer, sanding sealer	\$ 21	\$ 105
1	lot	various screws	\$ 250	\$ 650
				\$ 135,000

Non-Wood Inventory

\$ 2,615

Machinery Information					
Manufacturer	Description	QTY	Model	Year	Serial #
Anderson	CNC Router	1	Exxact Plus	2006	FAANCEX951
Becker	Vacuum Pump	1	VTLF 2.500 / 0 - 79	2015	2924279
Becker	Vacuum Pump	1	VTLF 2.500 / 0 - 79	2008	
Blum	punch machine	1			
Cemco	Wide Belt Sander	1		2000	
Crouch	Belt Sander	1	81-70	1997	
Diehl	Straight Line Rip Saw	1	SL-30	2006	06M-6873-6289
Door Frame Clamps		2			
Doucet	Feedback-24	2		2010	
Frame Assy Tables		2			
GEBR Becket	vacuum system	1			
Hardware Resources	Door Hinge Borer	1			
Hoffman	Door Miter Fastner Notcher	1	MU2-P	2006	94767
Hoffman	End Knotcher (Frames)	1	Morso		74499
Holz Her	Vertical Panel Saw	1	1220 Super		
Ironwood	Double Sided Planer	1	S 2500	2013	T4267
Ironwood	Upcut Chop Saw W/Tiger Stop	1	CUT18R	2013	110198
Kaeser	Air Compressor	1	ASD 30	2006	1034
Komatsu	5000' Forklift	1		2008	
Komo	CNC Router	1	VR508MACHONE	2001	34390-03-01-01
L & L Machine	Panel Gluer	1	GA -43	1990	85-716
Maggi	Shaper Belt Feeder	1	Steff 2034		2703704
misc	small heads - tooling				
Norfield	Upcut Chop Saw W/Tiger Stop	1	Auto Framer		V85-045
Omec	Dovetail Cutter	1	650 M	2006	60070
Phelps Fan	Dust Collector Transfer Fan	1	W-575		102379
Pneumatech	Air Dryer	1	AD-250	2013	CAI500988
Powermatic	Band Saw	1	141		9541116
Powermatic	band saw	1			9541116
Powermatic	Table Saws	3	66		
Quincy	qsvi40ann2h - vacuum	1		2008	90663J
Ridgid	Table Saw	2	R4512		
Ritter	horizontal drill face frames	1		2017	
Ritter	horizontal drill face frames	1		2011	
Schutte	Hammer Mill F-30	1	40.HZF		301
SCMI	6.3 horse shaper with power feed	1			
SCMI	6.3 horse shaper with power feed	1			
SCMi	SANDYA 5S Belt Sander	1		2000	
SCMI	SANDYA 7 S Belt Sander	1	7/S M3 110	2005	AE / 028073
Sears Roebuck	17-in Drill Press	1	3.2 - 317		9616400021
Sullivan	Palatek Air Compressor	1	30D7	2004	
Takekawa	automatic rip saw	1	RG-30S	1988	227
Tiger Stop	automatic stop guages / pusher system	1			
Tiger Stop	automatic stop guages / pusher system	1			
Tiger Stop	automatic stop guages / pusher system	1			
Tiger Stop	automatic stop guages / pusher system	1			
Unique	Mortise and Tenon Machine	1			
Various	Hand Tools	1			
Voorwood	Dual Spindle Coping Shaper	1	A26A	2007	2491
Voorwood	Series 115/117 Edge Machine	1	A1150	2007	2497
Voorwood	Series 15 Stile & Rail Shaper	1	A15BB	2007	
Voorwood	Series 515 CNC Edge Machine	1	A515B-CNC	2006	2466

Machinery Information					
Manufacturer	Description	QTY	Model	Year	Serial #
Wall Lenk	Wallbrand Pneumatic Brander	1			
Whirlwind	Upcut Chop Saw W/Tiger Stop	1	1000R		1815490R
Whirlwind	Upcut Chop Saw W/Tiger Stop	1	1000L		1815433L
	laser straight line machine	1			
Col-Met	Spray Booth w/ Fire Suppression	1	CP-230-1P-5-1F	2014	1408-06 Job#46466
Kreg	Double Pocket Screw Borer	1	DK3100	2015	570487
Kremlin	HVLP Air Assist Paint Sprayer	1		2015	
Graco	Air Assist Paint Sprayer	1		2014	
Phelps Fan	Dust Collector Transfer Fan	1	W-575	2017	102379
Ingersol Rand	Air Compressor	1		2008	
Ingersol Rand	Dryer	1		2017	
Nederman	Dust Collector	1		2017	
Various	Airless Spray Equipment	3			
	Fire proof cabinets	7			
Hytrol	10' Conveyor	1			
	Hand Tools	1			
DeWalt	Miter Saw	1			
Powermatic	Table Saw	1			
Powermatic	Table Saw	2			
Felder	Edge Bander	1		2016	
Ritter	Pocket Drill Boring Machine	1	R200T	2001	3949
Powermatic	Band Saw	1	43		93430572
Various	Miter Chop Saws	3			
Hardware Resources	Door Hinge Borer	1			
Ingersol Rand	20HP Air Compressor	1			
Lobo	Dust Collector	1			
Travaini	Vacuum Pump	1	IR0500S-1A	2007	34780-07
Ingersol Rand	Air Dryer	1	D170IT		
Evans Machinery	Pinch Roller	1		2016	
Husky	Air Compressor	1	C801H	2015	
HMT	Hot Glue Laminate Machine	1	Advantage	2015	
Various	Stone Cutting tools			2022	

Fill in this information to identify the case:

Debtor name **Heartland Cabinetry And Furniture, Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim**2.1 ALLY FINANCIAL**

Creditor's Name

**PO BOX 9001951
LOUISVILLE, KY
40290-1951**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**2020****Last 4 digits of account number****2028****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**2020 GMC Sierra AT4 (VIN
1GTU9EETXLZ293915)**

Describe the lien

Vehicle Loan

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**\$25,467.95****\$31,000.00****2.2 MAPLE MARK**

Creditor's Name

**4143 MAPLE AVE, SUITE
100
DALLAS, TX 75219**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**2023****Last 4 digits of account number****5805****Do multiple creditors have an interest in the same property?**

Describe debtor's property that is subject to a lien

Business Loan (UCC-1)

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

\$1,800,000.00**Unknown**

Debtor **Heartland Cabinetry And Furniture, Inc.**

Case number (if known)

Name

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☐ Unliquidated☐ Disputed**2.3 Tarrant County, et al.**

Creditor's Name

**LINEBARGER GOGGAN
BLAIR & SAMPSON, LLP
2777 N. STEMMONS FWY,
SUITE 1000
DALLAS, TX 75207**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

2023

Last 4 digits of account number

NONE

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Property Tax Collector**\$15,045.44****\$0.00**

Describe the lien

Property Taxes

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$1,840,513.39**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**LINEBARGER GOGGAN BLAIR AND SAMPSON, LLP
100 THROCKMORTON, SUITE 1700
Fort Worth, TX 76102**Line **2.3****MapleMark Bank
Reagan Place at Old Park and
3963 Maple Avenue, Suite 260
Dallas, TX 75219**Line **2.2****TARRANT COUNTY TAX OFFICE
100 E WEATHERFORD STREET
FORT WORTH, TX 76196**Line **2.3**

Fill in this information to identify the case:

Debtor name **Heartland Cabinetry And Furniture, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).
- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.
2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address ADAM B WYNN 5329 Glade Ln. Grapevine, TX 76051	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	\$0.00
	Date or dates debt was incurred 12/1/2023	Basis for the claim: Employee Wages		
	Last 4 digits of account number None Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address AMPARO JIMENEZ 3316 Bryan Ave. Fort Worth, TX 76110	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	\$0.00
	Date or dates debt was incurred 12/1/2023	Basis for the claim: Employee Wages		
	Last 4 digits of account number None Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Heartland Cabinetry And Furniture, Inc.		Case number (if known)	
Name			
2.3	Priority creditor's name and mailing address ANDREA GOMEZ 7832 West Park Ln. Mansfield, TX 76063	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown \$0.00
Date or dates debt was incurred 12/1/2023		Basis for the claim: Employee Wages	
Last 4 digits of account number None Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.4	Priority creditor's name and mailing address ANHUNG M LE 6020 Brandy Wood Tr. Fort Worth, TX 76018	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown \$0.00
Date or dates debt was incurred 12/1/2023		Basis for the claim: Employee Wages	
Last 4 digits of account number None Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.5	Priority creditor's name and mailing address CLETO BECERRA 3316 Bryan Ave. Fort Worth, TX 76110	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown \$0.00
Date or dates debt was incurred 12/1/2023		Basis for the claim: Employee Wages	
Last 4 digits of account number None Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.6	Priority creditor's name and mailing address EDUARDO N PEREZ 7125 Misty Meadows Dr. Fort Worth, TX 76133	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown \$0.00
Date or dates debt was incurred 12/1/2023		Basis for the claim: Employee Wages	
Last 4 digits of account number None Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Heartland Cabinetry And Furniture, Inc.		Case number (if known)
	Name		
2.7	Priority creditor's name and mailing address EDWARD BARBER 6608 Olive Wood Dr. Arlington, TX 76001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown \$0.00
	Date or dates debt was incurred 12/1/2023	Basis for the claim: Employee Wages	
	Last 4 digits of account number None Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.8	Priority creditor's name and mailing address ELADIO DELGADILLO 5672 Comer Dr. Fort Worth, TX 76134	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown \$0.00
	Date or dates debt was incurred 12/1/2023	Basis for the claim: Employee Wages	
	Last 4 digits of account number None Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.9	Priority creditor's name and mailing address ERICK MOREIRA 1211 Stone Creek Dr. Mansfield, TX 76063	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown \$0.00
	Date or dates debt was incurred 12/1/2023	Basis for the claim: Employee Wages	
	Last 4 digits of account number None Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.10	Priority creditor's name and mailing address FILIBERTO HERRERA 612 McCurdy St. Fort Worth, TX 76104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown \$0.00
	Date or dates debt was incurred 12/1/2023	Basis for the claim: Employee Wages	
	Last 4 digits of account number None Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Heartland Cabinetry And Furniture, Inc. Name	Case number (if known)
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2.11	Priority creditor's name and mailing address GINA TORRES 3203 Willing Ave. Fort Worth, TX 76110	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	\$0.00
	Date or dates debt was incurred 12/1/2023	Basis for the claim: Employee Wages		
	Last 4 digits of account number None Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.12	Priority creditor's name and mailing address INTERNAL REVENUE SERVICE OGDEN, UT 84201-0039	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$319.41	\$319.41
	Date or dates debt was incurred 12/31/2022	Basis for the claim: 940/941 Taxes		
	Last 4 digits of account number 7462 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.13	Priority creditor's name and mailing address INTERNAL REVENUE SERVICE DEPARTMENT OF THE TREASURY OGDEN, UT 84201-0010	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$74,665.96	\$0.00
	Date or dates debt was incurred 2023	Basis for the claim: Tax Penalty for Non-Payment of 2021 940/941		
	Last 4 digits of account number 7462 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.14	Priority creditor's name and mailing address INTERNAL REVENUE SERVICE DEPARTMENT OF THE TREASURY OGDEN, UT 84201-0010	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10,522.34	\$0.00
	Date or dates debt was incurred 2023	Basis for the claim: Tax Penalty for Non-Payment of 2023 940/941		
	Last 4 digits of account number 7462 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Heartland Cabinetry And Furniture, Inc.		Case number (if known)	
Name			
2.15	Priority creditor's name and mailing address INTERNAL REVENUE SERVICE OGDEN, UT 84201-0039	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$14,482.06 \$14,482.06
Date or dates debt was incurred 03/31/2023		Basis for the claim: 940/941 Taxes	
Last 4 digits of account number 7462 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.16	Priority creditor's name and mailing address INTERNAL REVENUE SERVICE OGDEN, UT 84201-0039	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$68,646.59 \$68,646.59
Date or dates debt was incurred 06/30/2023		Basis for the claim: 940/941 Taxes	
Last 4 digits of account number 7462 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.17	Priority creditor's name and mailing address INTERNAL REVENUE SERVICE OGDEN, UT 84201-0039	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9,591.27 \$9,591.27
Date or dates debt was incurred 12/31/2022		Basis for the claim: 940/941 Taxes	
Last 4 digits of account number 7462 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.18	Priority creditor's name and mailing address INTERNAL REVENUE SERVICE OGDEN, UT 84201-0039	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$20,278.27 \$20,278.27
Date or dates debt was incurred 09/30/2022		Basis for the claim: 940/941 Taxes	
Last 4 digits of account number 7462 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Heartland Cabinetry And Furniture, Inc.		Case number (if known)
	Name		

2.19	Priority creditor's name and mailing address INTERNAL REVENUE SERVICE OGDEN, UT 84201-0039	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$165,096.31	\$165,096.31
	Date or dates debt was incurred 03/31/2022	Basis for the claim: 940/941 Taxes		
	Last 4 digits of account number 7462	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.20	Priority creditor's name and mailing address INTERNAL REVENUE SERVICE OGDEN, UT 84201-0039	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$158,793.57	\$158,793.57
	Date or dates debt was incurred 12/31/2021	Basis for the claim: 940/941 Taxes		
	Last 4 digits of account number 7462	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.21	Priority creditor's name and mailing address INTERNAL REVENUE SERVICE OGDEN, UT 84201-0039	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$67.00	\$67.00
	Date or dates debt was incurred 03/31/2019	Basis for the claim: 940/941 Taxes		
	Last 4 digits of account number 7462	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.22	Priority creditor's name and mailing address INTERNAL REVENUE SERVICE OGDEN, UT 84201-0039	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$67.00	\$67.00
	Date or dates debt was incurred 03/31/2019	Basis for the claim: 940/941 Taxes		
	Last 4 digits of account number 7462	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.23	Priority creditor's name and mailing address JOE M SCRUDDER, JR 3451 Chapel Oaks, #403 Coppell, TX 75019	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown \$0.00
	Date or dates debt was incurred 12/1/2023	Basis for the claim: Employee Wages	
	Last 4 digits of account number None Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.24	Priority creditor's name and mailing address JORGE GARCIA 7305 Twin Parks Dr. Arlington, TX 76001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown \$0.00
	Date or dates debt was incurred 12/1/2023	Basis for the claim: Employee Wages	
	Last 4 digits of account number None Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.25	Priority creditor's name and mailing address JORGE MORENO PIMENTEL 521 McCurdy St. Fort Worth, TX 76104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown \$0.00
	Date or dates debt was incurred 12/1/2023	Basis for the claim: Employee Wages	
	Last 4 digits of account number None Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.26	Priority creditor's name and mailing address JOSE J HERRERA 521 McCurdy St. Fort Worth, TX 76104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown \$0.00
	Date or dates debt was incurred 12/1/2023	Basis for the claim: Employee Wages	
	Last 4 digits of account number None Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Case number (if known)		
Heartland Cabinetry And Furniture, Inc.			
2.27	Priority creditor's name and mailing address KASSIA GARCIA 5405 Prince Dr. Dallas, TX 75065	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown \$0.00
	Date or dates debt was incurred 12/1/2023	Basis for the claim: Employee Wages	
	Last 4 digits of account number None Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.28	Priority creditor's name and mailing address KENNETH R ROBERTS 3610 Twin Creeks Dr. Cleburne, TX 76031	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown \$0.00
	Date or dates debt was incurred 12/1/2023	Basis for the claim: Employee Wages	
	Last 4 digits of account number None Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.29	Priority creditor's name and mailing address MA CRISTINA GALLEGOS 1714 Glynn Oaks Dr. Arlington, TX 76010	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown \$0.00
	Date or dates debt was incurred 12/1/2023	Basis for the claim: Employee Wages	
	Last 4 digits of account number None Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.30	Priority creditor's name and mailing address MARGARITO MARTINEZ 1210 W. Fogg St. Fort Worth, TX 76110	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown \$0.00
	Date or dates debt was incurred 12/1/2023	Basis for the claim: Employee Wages	
	Last 4 digits of account number None Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Heartland Cabinetry And Furniture, Inc.		Case number (if known)	
Name			
2.31	Priority creditor's name and mailing address MELCHOR VIZCARRA 4109 Brambleton Pl. Forest Hill, TX 76119	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown \$0.00
	Date or dates debt was incurred 12/1/2023	Basis for the claim: Employee Wages	
	Last 4 digits of account number None Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.32	Priority creditor's name and mailing address PAMELA A KIPER 220 Laurel St. Mansfield, TX 76063	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown \$0.00
	Date or dates debt was incurred 12/1/2023	Basis for the claim: Employee Wages	
	Last 4 digits of account number None Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.33	Priority creditor's name and mailing address ROSA VISCARRA 4109 Brambleton Pl. Forest Hill, TX 76119	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown \$0.00
	Date or dates debt was incurred 12/1/2023	Basis for the claim: Employee Wages	
	Last 4 digits of account number None Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.34	Priority creditor's name and mailing address STEVEN BEAL 1140 Baroncrest Dr. Arlington, TX 76017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown \$0.00
	Date or dates debt was incurred 12/1/2023	Basis for the claim: Employee Wages	
	Last 4 digits of account number None Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Case number (if known)		
Heartland Cabinetry And Furniture, Inc.			
2.35 Priority creditor's name and mailing address TEXAS COMPTROLLER OF PUBLIC ACCOUNTS P.O. BOX 149348 AUSTIN, TX 78714-9348	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$15,650.00	Unknown
Date or dates debt was incurred 2023	Basis for the claim: Franchise Tax		
Last 4 digits of account number 8196	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2.36 Priority creditor's name and mailing address TEXAS WORKFORCE COMMISSIONS P O BOX 149037 FORT WORTH, TX 76102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8,458.99	\$0.00
Date or dates debt was incurred 2023	Basis for the claim: Unemployment Taxes		
Last 4 digits of account number 5139	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2.37 Priority creditor's name and mailing address TROY CULP PO Box 2287 Burleson, TX 76097	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	\$0.00
Date or dates debt was incurred 12/1/2023	Basis for the claim: Employee Wages		
Last 4 digits of account number None	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			
2.38 Priority creditor's name and mailing address YOLANDA E SALAZAR 12280 Rondon Rd., D4 Kennedale, TX 76028	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	\$0.00
Date or dates debt was incurred 12/1/2023	Basis for the claim: Employee Wages		
Last 4 digits of account number None	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor Name	Case number (if known)
Heartland Cabinetry And Furniture, Inc.	
3.1 Nonpriority creditor's name and mailing address ABS TRIM AND CABINETS 1521 TEDDY TRAIL GLENN HEIGHTS, TX 75154 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$4,130.00
3.2 Nonpriority creditor's name and mailing address ALAN-ANTHONY ABRASIVES, LLC P.O. BOX 381442 DUNCANVILLE, TX 75138 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.3 Nonpriority creditor's name and mailing address ALLY FINANCIAL PO BOX 9001951 LOUISVILLE, KY 40290-1951 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>2028</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vehicle Loan (Repossessed) 2017 Ford Transit Van (VIN NM0LS7E7XH1336974) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.4 Nonpriority creditor's name and mailing address ALLY FINANCIAL P.O. BOX 9001951 Louisville, KY 40290-1951 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>3987</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vehicle Loan (Repossessed) 2017 Ford F-150 (VIN 1FTEW1CP8HKD92275) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$4,889.00
3.5 Nonpriority creditor's name and mailing address AMERICAN FUNDS P.O. BOX 659530 SAN ANTONIO, TX 78265-9530 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 401(k) Advisor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.6 Nonpriority creditor's name and mailing address APOLLO MACHINE TOOL SERVICES, INC. PO BOX 5708 ARLINGTON, TX 76005 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt (Repair Services) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.7 Nonpriority creditor's name and mailing address ARLINGTON UTILITIES P.O. BOX 90020 ARLINGTON, TX 76004-0020 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown

Debtor	Heartland Cabinetry And Furniture, Inc.		Case number (if known)	
Name				
3.8	Nonpriority creditor's name and mailing address BARNEY ROBINSON HARDWOODS P.O. BOX 2374 FT. WORTH, TX 76113 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt (Material Supplier)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,834.22	
3.9	Nonpriority creditor's name and mailing address BAZLEY, REBEKKAH 122 COZY COURT CHICO, TX 76431 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Warranty)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown	
3.10	Nonpriority creditor's name and mailing address BEBERSTEIN, DANIEL 2381 CR208 ALVARADO, TX 76009 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Warranty)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown	
3.11	Nonpriority creditor's name and mailing address BELLINGER & SUBERG L.L.P. 12221 MERIT DRIVE, SUITE 1750 DALLAS, TX 75251 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown	
3.12	Nonpriority creditor's name and mailing address BLACK OAK RENOVATIONS 342 CR 2420 PICKTON, TX 75471 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Warranty)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown	
3.13	Nonpriority creditor's name and mailing address BLOYEN, GLENDA & NICHOLAS 487 STONEY ACRES PONDER, TX 76259 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Warranty)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown	
3.14	Nonpriority creditor's name and mailing address BLUE QUAIL BUILDERS 3535 W 7TH ST. B FORT WORTH, TX 76107 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Warranty)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown	

Debtor Name	Case number (if known)
Heartland Cabinetry And Furniture, Inc.	
3.15 Nonpriority creditor's name and mailing address BRABEC CUSTOM HOMES 1015 CHAMPIONS DR, SUITE 125 ALEDO, TX 76008 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Warranty)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.16 Nonpriority creditor's name and mailing address BRAZOS FOREST PRODUCTS 2760 N. GREAT SOUTHWEST PARKWAY GRAND PRAIRIE, TX 75050 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt (Material Supplier)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.17 Nonpriority creditor's name and mailing address CAPITAL ONE SPARK VISA PO BOX 71083 CHARLOTTE, NC 28272-1083 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.18 Nonpriority creditor's name and mailing address COMPLETE CONSUMER SOLUTIONS, INC 170 S GREEN VALLEY PKWY, SUITE 300 HENDERSON, NV 89012 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt (ERC Credit Services)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$107,836.27
3.19 Nonpriority creditor's name and mailing address COUTO HOMES 2155 E. HWY 377 GRANBURY, TX 76048 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Warranty)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.20 Nonpriority creditor's name and mailing address CR CUSTOM HOMES 4329 NASHWOOD LANE DALLAS, TX 75244 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Warranty)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.21 Nonpriority creditor's name and mailing address D&R 11060 HARRY HINES BLVD DALLAS, TX 76001 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>055E</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt (Tool Sharpening/Small Items)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$8,055.36

Debtor Name	Case number (if known)
Heartland Cabinetry And Furniture, Inc.	
3.22 Nonpriority creditor's name and mailing address DC TEXAS 1348 W US 287 BYPASS SUITE 100 WAXAHACHIE, TX 75165 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Warranty)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.23 Nonpriority creditor's name and mailing address DESCO CUSTOM BUILDERS, INC. 1 BELLA PORTA PLACE DALLAS, TX 75254 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Warranty)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.24 Nonpriority creditor's name and mailing address EDGE OF ARLINGTON 124 S COLLINS, ST ARLINGTON, TX 76010 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt (Material Supplier)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.25 Nonpriority creditor's name and mailing address EMC INSURANCE 717 MULBERRY DES MOINES, IA 50309 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance Provider (Prior)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.26 Nonpriority creditor's name and mailing address EVANS MANAGEMENT 2300 COUNTRY RD 920 CROWLEY, TX 76036 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Warranty)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.27 Nonpriority creditor's name and mailing address FEDERATED INSURANCE P.O. BOX 95231 CHICAGO, IL 60694-5231 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>738C</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,596.16
3.28 Nonpriority creditor's name and mailing address FEDEX P.O. BOX 660481 DALLAS, TX 75266-0481 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>5900</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt (Shipping Supplier)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$2,457.00

Debtor Heartland Cabinetry And Furniture, Inc.		Case number (if known) _____	
Name _____			

3.29	Nonpriority creditor's name and mailing address FIRST DATA MERCHANT SERVICES PO BOX 186 METAIRIE, LA 07004-0186 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt (Credit Card Processor)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,351.00
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3.30	Nonpriority creditor's name and mailing address FRED EVANS CUSTOM HOMES 200 LILA BLUE VAN ALSTYNE, TX 75495 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Warranty)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.31	Nonpriority creditor's name and mailing address HALLER CONSTRUCTION 2624 SILVERTHORNE DR DALLAS, TX 75284 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>None</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Warranty)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.32	Nonpriority creditor's name and mailing address HALO WOODS 2386 FARADAY AVE, SUITE 125 CARLSBAD, CA 92008 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u>1453</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Material Supplier)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,635.05
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3.33	Nonpriority creditor's name and mailing address HARDWARE RESOURCES P.O. BOX 732674 DALLAS, TX 75373-2674 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>A084</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Material Supplier)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,551.47
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3.34	Nonpriority creditor's name and mailing address HARDWOODS SPECIALTY PRODUCTS 833 S. GREAT SOUTHWEST PKWY GRAND PRAIRIE, TX 75051 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u>0001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Material Supplier)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$139,015.43
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3.35	Nonpriority creditor's name and mailing address HAVEN HOMES, INC. PO BOX 1864 COLLEYVILLE, TX 76034 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>None</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Warranty)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor Name	Case number (if known)
Heartland Cabinetry And Furniture, Inc.	
3.36 Nonpriority creditor's name and mailing address HDH FINANCIAL, LLC PO BOX 24328 FT WORTH, TX 76124 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Real Property Lease (Landlord Verbally Released)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.37 Nonpriority creditor's name and mailing address HEATHERDALE CUSTOM HOMES 3302 HUNTER OAKS CT MANSFIELD, TX 76063 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>None</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Warranty)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38 Nonpriority creditor's name and mailing address HELSTOWSKI LAW FIRM 5209 HERITAGE AVE, SUITE 510 COLLEYVILLE, TX 76034 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.39 Nonpriority creditor's name and mailing address HUDSON ENERGY P.O. BOX 731137 DALLAS, TX 75373-1137 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>8782</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,664.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities (Electric)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.40 Nonpriority creditor's name and mailing address HUDSON ENERGY P.O. BOX 731137 DALLAS, TX 75373-1137 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>8784</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,302.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities (Electric)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.41 Nonpriority creditor's name and mailing address HUMPHREY, CONNOR & RACHEL 4217 DAWN DR BENBROOK, TX 76116 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>None</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Warranty)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.42 Nonpriority creditor's name and mailing address INTUIT (QUICKBOOKS) 2700 COAST AVE MOUNTAIN VIEW, CA 94043 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt (Accounting System)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
Heartland Cabinetry And Furniture, Inc.	
3.43 Nonpriority creditor's name and mailing address JOSEPH HOGAN 1723 FOREST HILLS DR. HARKER HEIGHTS, TX 76548-1825 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$140,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.44 Nonpriority creditor's name and mailing address KAESER COMPRESSORS P O BOX 946 FREDERICKSBURG, VA 22404 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u>3959</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$707.35 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt (Repair Services)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.45 Nonpriority creditor's name and mailing address KELLY-MOORE PAINTS PO BOX 59724 LOS ANGELES, CA 90074-9724 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$50,414.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Material Supplier)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.46 Nonpriority creditor's name and mailing address LABOR READY CENTRAL P.O. BOX 676412 DALLAS, TX 75267-6412 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt (Labor Supplier)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.47 Nonpriority creditor's name and mailing address LARSON CONSTRUCTION 6549 TRAMMEL DR DALLAS, TX 75214 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>None</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Warranty)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.48 Nonpriority creditor's name and mailing address LAUGHLIN, GEORGE AND STEPHANIE 4911 HEATHERBROOK DALLAS, TX 75244 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>None</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Warranty)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.49 Nonpriority creditor's name and mailing address LAW OFFICES OF NICK NAMETH 4101 MCEWEN RD, SUITE 750 DALLAS, TX 75244 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
Heartland Cabinetry And Furniture, Inc.	
3.50 Nonpriority creditor's name and mailing address LOUIS & COMPANY P.O. BOX 2253 BREA, CA 92822-2253 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Material Supplier)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.51 Nonpriority creditor's name and mailing address MARLIN BUSINESS BANK PO BOX 13604 PHILADELPHIA, PA 19101-3604 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Personal Property Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.52 Nonpriority creditor's name and mailing address MARSH & MCLENNAN AGENCY, LLC PO BOX 848315 DALLAS, TX 84570-3344 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance Broker (Prior)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.53 Nonpriority creditor's name and mailing address MIRASHIFT THERAPY, PLLC 4215 BOCA BAY DR DALLAS, TX 75244 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Warranty)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.54 Nonpriority creditor's name and mailing address MJB WOOD GROUP PO BOX 207686 DALLAS, TX 75320-7686 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>8404</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Material Supplier)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$66,216.80
3.55 Nonpriority creditor's name and mailing address MODERN LIVING 5103 VICKERY BLVD DALLAS, TX 75244 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Warranty)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.56 Nonpriority creditor's name and mailing address MODULAR PLUS 1400 WESTPARK WY EULESS, TX 76040 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Warranty)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown

Debtor Name	Case number (if known)
Heartland Cabinetry And Furniture, Inc.	
3.57 Nonpriority creditor's name and mailing address MODULARDESIGN+, LLC C/O K. STEWART LAW, P.C. 5949 SHERRY LANE, SUITE 900 Dallas, TX 75225 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u>3431</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Customer (Lawsuit Filed)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.58 Nonpriority creditor's name and mailing address NEXTLEVEL STAFFING C/O BRIDGEPORT CAPITAL FUNDINGS PO BOX 101004 ATLANTA, GA 30392-1004 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt (Labor Supplier)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$15,973.15
3.59 Nonpriority creditor's name and mailing address PASSMAN AND JONES 1201 ELM STREET DALLAS, TX 75270 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>0004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$10,935.00
3.60 Nonpriority creditor's name and mailing address PCI Valcasi, LLC 2911 Turtle Creek Blvd, Suite 1200 Dallas, TX 75219 Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>6452</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Real Property Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.61 Nonpriority creditor's name and mailing address PEAC SOLUTIONS PO BOX 136004 PHILADELPHIA, PA 19101-3604 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>8469</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Personal Property Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$600.40
3.62 Nonpriority creditor's name and mailing address PLSE CHECK CASHERS C/O HP SEARS 2000 18TH STREET Bakersfield, CA 93301-4292 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>4569</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,715.00
3.63 Nonpriority creditor's name and mailing address POWDERS, STEVE AND ANN 741 LIONEL WAY FORT WORTH, TX 76108 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Warranty)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown

Debtor Name	Case number (if known)
Heartland Cabinetry And Furniture, Inc.	
3.64 Nonpriority creditor's name and mailing address PREMIER SYSTEMS 3001 E PLANO PKWY, SUITE 200 PLANO, TX 75074 Date(s) debt was incurred ____ Last 4 digits of account number <u>HC03</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Personal Property Lease (Copier)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.65 Nonpriority creditor's name and mailing address QUANTUM CUSTOM HOMES, INC. 820 S MACARTHUR BLVD #105 COPPELL, TX 75019 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Warranty)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.66 Nonpriority creditor's name and mailing address RAMSEY & SHAW 3728 CRESTHAVEN TER FORT WORTH, TX 76107 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Warranty)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.67 Nonpriority creditor's name and mailing address REPUBLIC SERVICES P.O. BOX 78829 PHOENIX, AZ 85062-8829 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>4072</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities (Trash Service)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$4,299.79
3.68 Nonpriority creditor's name and mailing address REPUBLIC SERVICES P.O. BOX 78829 PHOENIX, AZ 85062-8829 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u>7453</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities (Trash Service)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,427.33
3.69 Nonpriority creditor's name and mailing address REPUBLIC SERVICES P.O. BOX 78829 PHOENIX, AZ 85062-8829 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u>1124</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities (Trash Service)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,123.74
3.70 Nonpriority creditor's name and mailing address RICHELIEU 7021 STERLING PONDS BLVD. STERLING HEIGHTS, MI 48312-5809 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Material Supplier)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown

Debtor Name	Case number (if known)
Heartland Cabinetry And Furniture, Inc.	
3.71 Nonpriority creditor's name and mailing address ROUNDTREE RESIDENCE 2621 WHISPERING OAK COVE CEDAR HILL, TX 75104 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Warranty)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.72 Nonpriority creditor's name and mailing address RUGBY HOLDINGS, LLC c/o Hamilton & Lucio, P.C. Bryant Touchy, Esq. 805 Old Port Isabel Road Brownsville, TX 78521 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u>None</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit Filed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.73 Nonpriority creditor's name and mailing address SANDRA SEATON & CHRISTIAN MATTHEW SEATON 3013 GREENHILL DR PLANO, TX 75093 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Customer (Lawsuit Filed)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.74 Nonpriority creditor's name and mailing address SCM GROUP NORTH AMERICA 2475 SATELITE BLVD DULUTH, GA 30096 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>1159</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$4,155.83
3.75 Nonpriority creditor's name and mailing address SHERIFF, DARREN 2214 BECKY LANE CEDAR HILL, TX 75104 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Warranty)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.76 Nonpriority creditor's name and mailing address SHERWIN WILLIAMS 2955 INDUSTRIAL LN GARLAND, TX 75041 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Material Supplier)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.77 Nonpriority creditor's name and mailing address SLR TEXAS CONSTRUCTION, LLC 2300 N. FIELD STREET, SUITE 800 DALLAS, TX 75201 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$395,000.00

Debtor	Heartland Cabinetry And Furniture, Inc. <small>Name</small>		Case number (if known)
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3.78	Nonpriority creditor's name and mailing address SMITH, KEVIN 226 STONEWALL DR STREETMAN, TX 75848 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Warranty)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.79	Nonpriority creditor's name and mailing address SPECTRUM BUSINESS PO BOX 60074 CITY OF INDUSTRY, CA 91716 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>3815</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities (VOIP Telephone Service)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$207.79
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3.80	Nonpriority creditor's name and mailing address STOKES, KRISTI 5636 FAIRFAX DR FRISCO, TX 75034 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Warranty)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.81	Nonpriority creditor's name and mailing address STRANGE & SONS DEVELOPMENT PO BOX 190191 DALLAS, TX 75219 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Warranty)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.82	Nonpriority creditor's name and mailing address TAPROOT BUILDING COMPANY 3507 OAKWOOD DR GRAPEVINE, TX 76051 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Warranty)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.83	Nonpriority creditor's name and mailing address TEXAS MUTUAL WORKERS COMPENSATION INS. P.O. BOX 841843 Dallas, TX 75284-1843 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>9614</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Workers Compensation Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$799.00
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3.84	Nonpriority creditor's name and mailing address THOMPSON & KNIGHT LLP 1722 ROUTH STREET SUIT 1500 DALLAS, TX 75201-2533 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor	Heartland Cabinetry And Furniture, Inc. Name	Case number (if known)
3.85	Nonpriority creditor's name and mailing address TIFFANY COOKE 5503 VANDERBILT AVE DALLAS, TX 75206 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer (Lawsuit Filed/Judgment Entered)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.86	Nonpriority creditor's name and mailing address TURNKEY CONSTRUCTION 7990 MANSFIELD HIGHWAY KENNEDALE, TX 76050 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Warranty)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.87	Nonpriority creditor's name and mailing address WEX BANK (LVNV FUNDING LLC) P.O. BOX 6293 CAROL STREAM, IL 60197-6293 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>7078</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,275.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.88	Nonpriority creditor's name and mailing address WTC LUMBER P.O. BOX 360 LINDEN, TX 76001 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$57,882.64 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Material Supplier)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.89	Nonpriority creditor's name and mailing address WURTH 3080 N GREAT SW PKWY GRAND PRAIRIE, TX 75050 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt (Material Supplier)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	ALTUS RECEIVABLES MANAGEMENT P.O. BOX 186 Metairie, LA 70004-0186	Line <u>3.29</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	DIIP LL, LLC PO BOX 27074 NEWARK, NJ 07101	Line <u>3.60</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor Name	Case number (if known)	
Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.3 FREEDMAN, PRICE & ANZIANI, P.C. 1102 WEST AVENUE SUITE 200 Austin, TX 78701	Line <u>3.54</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4 FRONTLINE ASSET STRATEGIES, LLC 10550 DEERWOOD PARK BLVD, SUITE 309 Jacksonville, FL 32256	Line <u>3.87</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5 GRISHAM & KENDALL, PLLC 5910 N. CENTRAL EXPRESSWAY PREMIER PLACE - SUITE 925 Dallas, TX 75206	Line <u>3.45</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6 Hamilton & Lucio, P.C. Bryant Touchy, Esq., Erick Lucio, Esq. 805 Old Port Isabel Road Brownsville, TX 78521	Line <u>3.72</u> <input type="checkbox"/> Not listed. Explain _____	—
4.7 HP SEARS 2000 18TH STREET Bakersfield, CA 93301-4292	Line <u>3.62</u> <input type="checkbox"/> Not listed. Explain _____	—
4.8 JAMESON AND DUNAGAN, P.C. KYLE R. MILLSAP, ESQ. 5429 LBJ FREEWAY, SUITE 300 Dallas, TX 75240	Line <u>3.58</u> <input type="checkbox"/> Not listed. Explain _____	—
4.9 JONES, DAVIS & JACKSON, PC MATTHEW K. DAVIS, ESQ. 15110 DALLAS PARKWAY, SUITE 300 Dallas, TX 75248	Line <u>3.73</u> <input type="checkbox"/> Not listed. Explain _____	—
4.10 K. STEWART LAW, P.C. Kelly Stewart, Esq. 5949 Sherry Lane, Suite 900 Dallas, TX 75225	Line <u>3.57</u> <input type="checkbox"/> Not listed. Explain _____	—
4.11 LEAKE & ANDERSSON LLP C. HUNTER WILLIAMS, ESQ. 1100 POYDRAS STREET, SUITE 1700 New Orleans, LA 70163	Line <u>3.33</u> <input type="checkbox"/> Not listed. Explain _____	—
4.12 Marlin Business Bank P.O. Box 13604 Philadelphia, PA 19101	Line <u>3.61</u> <input type="checkbox"/> Not listed. Explain _____	—
4.13 TEXAS SECRETARY OF STATE 1090 Brazos Street Austin, TX 78701	Line <u>2.35</u> <input type="checkbox"/> Not listed. Explain _____	—
4.14 The Receivable Management Services LLC 4612 N. University Drive #552 Pompano Beach, FL 33067	Line <u>3.28</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Debtor Heartland Cabinetry And Furniture, Inc.
Name

Case number (if known) _____

5a. Total claims from Part 1
5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 546,638.77
5b. +	\$ 1,096,052.43
5c.	\$ 1,642,691.20

Fill in this information to identify the case:Debtor name **Heartland Cabinetry And Furniture, Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Real Property Lease
4709 S. Edgewood
Terrace
Fort Worth, Texas
76119
(Landlord Verbally
Released)**State the term remaining **December 31, 2027**

List the contract number of any government contract _____

**HDH FINANCIAL, LLC
PO BOX 24328
FT WORTH, TX 76124**2.2. State what the contract or lease is for and the nature of the debtor's interest **Real Property Lease
700 Valcasi Drive
Arlington, TX 76001**State the term remaining **November 12, 2027**

List the contract number of any government contract _____

**PCI Valcasi, LLC (DIIP LL, LLC)
2911 Turtle Creek Blvd, Suite 1200
Dallas, TX 75219**2.3. State what the contract or lease is for and the nature of the debtor's interest **Personal Property
Lease
Telephone System**State the term remaining **Expires 2026**

List the contract number of any government contract _____

**PEAC SOLUTIONS
PO BOX 136004
PHILADELPHIA, PA 19101-3604**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.4.	<div>State what the contract or lease is for and the nature of the debtor's interest</div> <div>Maintenance Agreement for Copier</div> <div>State the term remaining</div> <div>List the contract number of any government contract</div>	<div>PREMIER SYSTEMS</div> <div>3001 E PLANO PKWY, SUITE 200</div> <div>PLANO, TX 75074</div>

Fill in this information to identify the case:Debtor name **Heartland Cabinetry And Furniture, Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:***2.1 JOE M
SCRUDDER, JR****3451 Chapel Oaks, #403
Coppell, TX 75019****INTERNAL REVENUE
SERVICE**☐ D _____
☒ E/F **2.12**
☐ G _____**2.2 JOE M
SCRUDDER, JR****3451 Chapel Oaks, #403
Coppell, TX 75019****INTERNAL REVENUE
SERVICE**☐ D _____
☒ E/F **2.13**
☐ G _____**2.3 JOE M
SCRUDDER, JR****3451 Chapel Oaks, #403
Coppell, TX 75019****INTERNAL REVENUE
SERVICE**☐ D _____
☒ E/F **2.14**
☐ G _____**2.4 JOE M
SCRUDDER, JR****3451 Chapel Oaks, #403
Coppell, TX 75019****SLR TEXAS
CONSTRUCTION,
LLC**☐ D _____
☒ E/F **3.77**
☐ G _____**2.5 JOE M
SCRUDDER, JR****3451 Chapel Oaks, #403
Coppell, TX 75019****SANDRA SEATON &
CHRISTIAN
MATTHEW SEATON**☐ D _____
☒ E/F **3.73**
☐ G _____

Debtor Heartland Cabinetry And Furniture, Inc.

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	JOE M SCRUDDER, JR	3451 Chapel Oaks, #403 Coppell, TX 75019	KELLY-MOORE PAINTS	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.45</u> <input type="checkbox"/> G _____
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2.7	JOE M SCRUDDER, JR	3451 Chapel Oaks, #403 Coppell, TX 75019	INTERNAL REVENUE SERVICE	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.15</u> <input type="checkbox"/> G _____
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2.8	JOE M SCRUDDER, JR	3451 Chapel Oaks, #403 Coppell, TX 75019	INTERNAL REVENUE SERVICE	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.16</u> <input type="checkbox"/> G _____
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2.9	JOE M SCRUDDER, JR	3451 Chapel Oaks, #403 Coppell, TX 75019	INTERNAL REVENUE SERVICE	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.17</u> <input type="checkbox"/> G _____
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2.10	JOE M SCRUDDER, JR	3451 Chapel Oaks, #403 Coppell, TX 75019	INTERNAL REVENUE SERVICE	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.18</u> <input type="checkbox"/> G _____
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2.11	JOE M SCRUDDER, JR	3451 Chapel Oaks, #403 Coppell, TX 75019	INTERNAL REVENUE SERVICE	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.19</u> <input type="checkbox"/> G _____
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2.12	JOE M SCRUDDER, JR	3451 Chapel Oaks, #403 Coppell, TX 75019	INTERNAL REVENUE SERVICE	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.20</u> <input type="checkbox"/> G _____
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2.13	JOE M SCRUDDER, JR	3451 Chapel Oaks, #403 Coppell, TX 75019	INTERNAL REVENUE SERVICE	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.21</u> <input type="checkbox"/> G _____
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Debtor Heartland Cabinetry And Furniture, Inc.

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.14 **JOE M SCRUDDER, JR** **3451 Chapel Oaks, #403** **INTERNAL REVENUE SERVICE** ☐ D _____
☒ E/F 2.22
☐ G _____

2.15 **PAMELA A KIPER** **220 Laurel St.** **INTERNAL REVENUE SERVICE** ☐ D _____
☒ E/F 2.12
☐ G _____

2.16 **PAMELA A KIPER** **220 Laurel St.** **INTERNAL REVENUE SERVICE** ☐ D _____
☒ E/F 2.13
☐ G _____

2.17 **PAMELA A KIPER** **220 Laurel St.** **INTERNAL REVENUE SERVICE** ☐ D _____
☒ E/F 2.14
☐ G _____

2.18 **PAMELA A KIPER** **220 Laurel St.** **SANDRA SEATON & CHRISTIAN MATTHEW SEATON** ☐ D _____
☒ E/F 3.73
☐ G _____

2.19 **PAMELA A KIPER** **220 Laurel St.** **INTERNAL REVENUE SERVICE** ☐ D _____
☒ E/F 2.15
☐ G _____

2.20 **PAMELA A KIPER** **220 Laurel St.** **INTERNAL REVENUE SERVICE** ☐ D _____
☒ E/F 2.16
☐ G _____

2.21 **PAMELA A KIPER** **220 Laurel St.** **INTERNAL REVENUE SERVICE** ☐ D _____
☒ E/F 2.17
☐ G _____

Debtor Heartland Cabinetry And Furniture, Inc.

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.22	PAMELA A KIPER	220 Laurel St. Mansfield, TX 76063	INTERNAL REVENUE SERVICE	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.18</u> <input type="checkbox"/> G _____
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2.23	PAMELA A KIPER	220 Laurel St. Mansfield, TX 76063	INTERNAL REVENUE SERVICE	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.19</u> <input type="checkbox"/> G _____
------	---------------------------	-----------------------------------------------	-------------------------------------	-----------------------------------------------------------------------------------------------------------------------------

2.24	PAMELA A KIPER	220 Laurel St. Mansfield, TX 76063	INTERNAL REVENUE SERVICE	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.20</u> <input type="checkbox"/> G _____
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2.25	PAMELA A KIPER	220 Laurel St. Mansfield, TX 76063	INTERNAL REVENUE SERVICE	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.21</u> <input type="checkbox"/> G _____
------	---------------------------	-----------------------------------------------	-------------------------------------	-----------------------------------------------------------------------------------------------------------------------------

2.26	PAMELA A KIPER	220 Laurel St. Mansfield, TX 76063	INTERNAL REVENUE SERVICE	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.22</u> <input type="checkbox"/> G _____
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2.27	THERESA SCRUDDER	261 EDMONDSON DRIVE Coppell, TX 75019	INTERNAL REVENUE SERVICE	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.12</u> <input type="checkbox"/> G _____
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2.28	THERESA SCRUDDER	261 EDMONDSON DRIVE Coppell, TX 75019	INTERNAL REVENUE SERVICE	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.13</u> <input type="checkbox"/> G _____
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2.29	THERESA SCRUDDER	261 EDMONDSON DRIVE Coppell, TX 75019	INTERNAL REVENUE SERVICE	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.14</u> <input type="checkbox"/> G _____
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Debtor Heartland Cabinetry And Furniture, Inc.

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.30	THERESA SCRUDDER	261 EDMONDSON DRIVE Coppell, TX 75019	SANDRA SEATON & CHRISTIAN MATTHEW SEATON	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.73</u> <input type="checkbox"/> G _____
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2.31	THERESA SCRUDDER	261 EDMONDSON DRIVE Coppell, TX 75019	INTERNAL REVENUE SERVICE	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.15</u> <input type="checkbox"/> G _____
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2.32	THERESA SCRUDDER	261 EDMONDSON DRIVE Coppell, TX 75019	INTERNAL REVENUE SERVICE	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.16</u> <input type="checkbox"/> G _____
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2.33	THERESA SCRUDDER	261 EDMONDSON DRIVE Coppell, TX 75019	INTERNAL REVENUE SERVICE	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.17</u> <input type="checkbox"/> G _____
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2.34	THERESA SCRUDDER	261 EDMONDSON DRIVE Coppell, TX 75019	INTERNAL REVENUE SERVICE	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.18</u> <input type="checkbox"/> G _____
------	-----------------------------	--------------------------------------------------	-------------------------------------	-----------------------------------------------------------------------------------------------------------------------------

2.35	THERESA SCRUDDER	261 EDMONDSON DRIVE Coppell, TX 75019	INTERNAL REVENUE SERVICE	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.19</u> <input type="checkbox"/> G _____
------	-----------------------------	--------------------------------------------------	-------------------------------------	-----------------------------------------------------------------------------------------------------------------------------

2.36	THERESA SCRUDDER	261 EDMONDSON DRIVE Coppell, TX 75019	INTERNAL REVENUE SERVICE	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.20</u> <input type="checkbox"/> G _____
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2.37	THERESA SCRUDDER	261 EDMONDSON DRIVE Coppell, TX 75019	INTERNAL REVENUE SERVICE	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.21</u> <input type="checkbox"/> G _____
------	-----------------------------	--------------------------------------------------	-------------------------------------	-----------------------------------------------------------------------------------------------------------------------------

Debtor Heartland Cabinetry And Furniture, Inc. Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.
Column 1: Codebtor Column 2: Creditor

2.38	THERESA SCRUDDER	261 EDMONDSON DRIVE Coppell, TX 75019	INTERNAL REVENUE SERVICE	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.22</u> <input type="checkbox"/> G _____
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12/06/23

Document Page 59 of 107

Accrual Basis

Profit & Loss**June through November 2023**

Jun - Nov 23

Ordinary Income/Expense**Income****Sales**

938,328.43

Total Income

938,328.43

Cost of Goods Sold**Contract Labor**

116,078.00

Cost of Goods Sold

203,810.36

Production Labor

500,992.13

Sales Tax

4,475.04

Shop Supplies

5,027.07

Total COGS

830,382.60

Gross Profit

107,945.83

Expense**Automobile Expense**

14,279.64

Bank Fees

2,072.28

Commissions

1,000.00

Computer and Internet Expenses

6,099.55

Employee Benefits

1,303.56

Equipment Expense

1,244.88

Equipment Lease

28,246.25

Meals and Entertainment

2,796.48

Office Supplies

4,266.79

PAYROLL EXPENSE 2

86,679.12

Postage and Shipping

340.57

Professional Fees

6,050.76

Rent Expense

96,072.11

Repairs and Maintenance

4,296.80

Taxes and Fees

39,623.33

Travel Expense

2,574.91

Utilities

40,061.67

Total Expense

337,008.70

Net Ordinary Income

-229,062.87

Other Income/Expense**Other Expense****Interest Expense**

9,362.75

Total Other Expense

9,362.75

Net Other Income

-9,362.75

Net Income**-238,425.62**

12/06/23

Accrual Basis

Document

Page 60 of 107

Balance Sheet**As of November 30, 2023****Nov 30, 23****ASSETS****Current Assets****Checking/Savings**

Frost 401K 9.58

Frost Checking -194.00

MAPLE MARK BANK -79,633.31

Total Checking/Savings -79,817.73**Accounts Receivable**

Accounts Receivable 780,828.02

Total Accounts Receivable 780,828.02**Other Current Assets**

Deposits 12,250.00

Inventory 135,000.00

Prepaid Insurance 22,105.00

Total Other Current Assets 169,355.00**Total Current Assets 870,365.29****Fixed Assets**

Accumulated Depreciation -950,038.17

Furniture and Equipment 2,633,251.58

Total Fixed Assets 1,683,213.41**TOTAL ASSETS 2,553,578.70****LIABILITIES & EQUITY****Liabilities****Current Liabilities**

Accounts Payable 520,180.03

Total Accounts Payable 520,180.03**Other Current Liabilities**

Customer Deposits 145,544.41

Payroll Taxes 267,373.74

Maple Mark Loan 1,805,048.28

Total Other Current Liabilities 2,217,966.43**Total Current Liabilities 2,738,146.46****Long Term Liabilities**

Subordinated Trade Payable 259,750.00

Total Long Term Notes Payable 259,750.00**Total Long Term Liabilities 259,750.00****Total Liabilities 2,997,896.46****Equity****Total Equity -444,317.76****TOTAL LIABILITIES & EQUITY 2,553,578.70**

12/06/23

Statement of Cash Flows**June through November 2023****Jun - Nov 23****OPERATING ACTIVITIES****Net Income** -238,425.62**Adjustments to reconcile Net Income****to net cash provided by operations:****Accounts Receivable** 75.22**Prepaid Insurance** -79,734.31**Accounts Payable** 12,438.53**Customer Deposits** 150,237.06**PAYROLL LIABILITIES 2** 168,806.92**Net cash provided by Operating Activities** 13,397.80**FINANCING ACTIVITIES****Maple Mark Payable** -94,253.79**Net cash provided by Financing Activities** -94,253.79**Net cash increase for period** -80,855.99**Cash at beginning of period** 1,038.26**Cash at end of period** **-79,817.73**

Form **1120**
Department of the Treasury
Internal Revenue Service**U.S. Corporation Income Tax Return**

OMB No. 1545-0123

For calendar year 2022 or tax year beginning _____, 2022, ending _____, 20

2022Go to www.irs.gov/Form1120 for instructions and the latest information.

A Check if: 1a Consolidated return (attach Form 851) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/> 4 Schedule M-3 attached <input type="checkbox"/>		TYPE OR PRINT Name HEARTLAND CABINETRY & FURNITURE, INC Number, street, and room or suite no. If a P.O. box, see instructions. 7900 VALCASI DR City or town, state or province, country, and ZIP or foreign postal code ARLINGTON TX 76001	B Employer identification number 45-4947462 C Date incorporated 03/29/2012 D Total assets (see instructions) \$ 1,880,137
E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change			

Income	1a Gross receipts or sales	1a	4,613,911	
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a	1c	4,613,911	
	2 Cost of goods sold (attach Form 1125-A)	2	3,686,975	
	3 Gross profit. Subtract line 2 from line 1c	3	926,936	
	4 Dividends and inclusions (Schedule C, line 23)	4		
	5 Interest	5		
	6 Gross rents	6		
	7 Gross royalties	7		
	8 Capital gain net income (attach Schedule D (Form 1120))	8		
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9		
10 Other income (see instructions—attach statement)	10			
11 Total income. Add lines 3 through 10	11	926,936		
Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (see instructions—attach Form 1125-E)	12	275,999	
	13 Salaries and wages (less employment credits)	13	71,616	
	14 Repairs and maintenance	14	21,810	
	15 Bad debts	15	367,699	
	16 Rents	16	390,452	
	17 Taxes and licenses	17	211,287	
	18 Interest (see instructions)	18	46,648	
	19 Charitable contributions	19		
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20	8,624	
	21 Depletion	21		
	22 Advertising	22		
	23 Pension, profit-sharing, etc., plans	23		
	24 Employee benefit programs	24	6,926	
	25 Reserved for future use	25		
	26 Other deductions (attach statement) <i>Other Deductions Statement</i>	26	375,295	
	27 Total deductions. Add lines 12 through 26	27	1,776,356	
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11.	28	-849,420	
29a Net operating loss deduction (see instructions)	29a			
b Special deductions (Schedule C, line 24)	29b			
c Add lines 29a and 29b	29c			
Tax, Refundable Credits, and Payments	30 Taxable income. Subtract line 29c from line 28. See instructions	30	-849,420	
	31 Total tax (Schedule J, Part I, line 11)	31	0	
	32 Reserved for future use	32		
	33 Total payments and credits (Schedule J, Part III, line 23)	33	0	
	34 Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>	34		
	35 Amount owed. If line 33 is smaller than the total of lines 31 and 34, enter amount owed	35		
	36 Overpayment. If line 33 is larger than the total of lines 31 and 34, enter amount overpaid	36	0	
	37 Enter amount from line 36 you want: Credited to 2023 estimated tax Refunded	37		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer *J. Marcus Scudder*

Date 08/16/2023

Title PRESIDENT

May the IRS discuss this return with the preparer shown below? See instructions. ☐ Yes ☒ No**Paid Preparer Use Only**Print/Type preparer's name *J. Marcus Scudder*

Preparer's signature

Date

Check ☐ if self-employed PTIN

Firm's name Self-Prepared

Firm's EIN

Firm's address

Phone no.

Schedule C Dividends, Inclusions, and Special Deductions (see instructions)		(a) Dividends and inclusions	(b) %	(c) Special deductions (a) × (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		50	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		65	
3	Dividends on certain debt-financed stock of domestic and foreign corporations		See instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		23.3	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		26.7	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		50	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		65	
8	Dividends from wholly owned foreign subsidiaries		100	
9	Subtotal. Add lines 1 through 8. See instructions for limitations		See instructions	
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11	Dividends from affiliated group members		100	
12	Dividends from certain FSCs		100	
13	Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions)		100	
14	Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends)			
15	Reserved for future use			
16a	Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions)		100	
b	Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions)			
c	Other inclusions from CFCs under subpart F not included on line 16a, 16b, or 17 (attach Form(s) 5471) (see instructions)			
17	Global Intangible Low-Taxed Income (GILTI) (attach Form(s) 5471 and Form 8992)			
18	Gross-up for foreign taxes deemed paid			
19	IC-DISC and former DISC dividends not included on line 1, 2, or 3			
20	Other dividends			
21	Deduction for dividends paid on certain preferred stock of public utilities			
22	Section 250 deduction (attach Form 8993)			
23	Total dividends and inclusions. Add column (a), lines 9 through 20. Enter here and on page 1, line 4			
24	Total special deductions. Add column (c), lines 9 through 22. Enter here and on page 1, line 29b			

Form 1120 (2022)

Page **3****Schedule J Tax Computation and Payment** (see instructions)**Part I—Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)). See instructions	<input type="checkbox"/>	
2	Income tax. See instructions		2 0
3	Base erosion minimum tax amount (attach Form 8991)		3
4	Add lines 2 and 3		4 0
5a	Foreign tax credit (attach Form 1118)	5a	
b	Credit from Form 8834 (see instructions)	5b	
c	General business credit (attach Form 3800)	5c	
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from Form 8912	5e	
6	Total credits. Add lines 5a through 5e		6
7	Subtract line 6 from line 4		7 0
8	Personal holding company tax (attach Schedule PH (Form 1120))		8
9a	Recapture of investment credit (attach Form 4255)	9a	
b	Recapture of low-income housing credit (attach Form 8611)	9b	
c	Interest due under the look-back method—completed long-term contracts (attach Form 8697)	9c	
d	Interest due under the look-back method—income forecast method (attach Form 8866)	9d	
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e	
f	Interest/tax due under section 453A(c) and/or section 453(l)	9f	
g	Other (see instructions—attach statement)	9g	
10	Total. Add lines 9a through 9g		10
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31		11 0

Part II—Reserved For Future Use

12	Reserved for future use	12	
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Part III—Payments and Refundable Credits

13	2021 overpayment credited to 2022	13	0
14	2022 estimated tax payments	14	
15	2022 refund applied for on Form 4466	15	()
16	Combine lines 13, 14, and 15	16	0
17	Tax deposited with Form 7004	17	
18	Withholding (see instructions)	18	
19	Total payments. Add lines 16, 17, and 18	19	0
20	Refundable credits from:		
a	Form 2439	20a	
b	Form 4136	20b	
c	Reserved for future use	20c	
d	Other (attach statement—see instructions)	20d	
21	Total credits. Add lines 20a through 20d	21	
22	Reserved for future use	22	
23	Total payments and credits. Add lines 19 and 21. Enter here and on page 1, line 33	23	0

REV 05/17/23 TTBIZ

Form **1120** (2022)

Schedule K Other Information (see instructions)

1 Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) _____	Yes	No
2 See the instructions and enter the:		
a Business activity code no. <u>337000</u>		
b Business activity <u>Construction/Contractor</u>		
c Product or service <u>CABINET MANUFACTURER</u>		
3 Is the corporation a subsidiary in an affiliated group or a parent–subsidiary controlled group? If "Yes," enter name and EIN of the parent corporation _____		
4 At the end of the tax year:		
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G)		
X		
b Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G)		
X		
5 At the end of the tax year, did the corporation:		
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851 , Affiliations Schedule? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below.		
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below.		
X		
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization
6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316 If "Yes," file Form 5452 , Corporate Report of Nondividend Distributions. See the instructions for Form 5452. If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.		
X		
7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock? For rules of attribution, see section 318. If "Yes," enter: (a) Percentage owned _____ and (b) Owner's country _____ (c) The corporation may have to file Form 5472 , Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached _____		
X		
8 Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.		
9 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) <u>1</u>		
11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here (see instructions) <input type="checkbox"/> If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.		
12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a.) \$ _____		

Schedule K Other Information (continued from page 4)

	Yes	No
13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000?		X
If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year \$ _____		
14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions		X
If "Yes," complete and attach Schedule UTP.		
15a Did the corporation make any payments in 2022 that would require it to file Form(s) 1099?	X	
b If "Yes," did or will the corporation file required Form(s) 1099?	X	
16 During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock?		X
17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?		X
18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?		X
19 During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code?		X
20 Is the corporation operating on a cooperative basis?		X
21 During the tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions		X
If "Yes," enter the total amount of the disallowed deductions \$ _____		
22 Does the corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3))		X
If "Yes," complete and attach Form 8991.		
23 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24 Does the corporation satisfy one or more of the following? See instructions		X
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$27 million and the corporation has business interest expense.		
c The corporation is a tax shelter and the corporation has business interest expense.		
If "Yes," complete and attach Form 8990.		
25 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
If "Yes," enter amount from Form 8996, line 15 \$ _____		
26 Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties held directly or indirectly by the corporation, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the shareholders held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions		X
Percentage: By Vote		
By Value		

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		54,264.		43,931.
2a	Trade notes and accounts receivable	2,028,953.		1,268,227.	
b	Less allowance for bad debts	(100,000.)	1,928,953.	(100,000.)	1,168,227.
3	Inventories		527,172.		364,688.
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets	1,175,916.		1,234,666.	
b	Less accumulated depreciation	(922,751.)	253,165.	(931,375.)	303,291.
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()		()	
14	Other assets (attach statement)				
15	Total assets		2,763,554.		1,880,137.
Liabilities and Shareholders' Equity					
16	Accounts payable		315,234.		232,971.
17	Mortgages, notes, bonds payable in less than 1 year		266,045.		135,638.
18	Other current liabilities (attach statement)		1,615,600.		1,794,273.
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock: a Preferred stock				
	b Common stock				
23	Additional paid-in capital				
24	Retained earnings—Appropriated (attach statement)				
25	Retained earnings—Unappropriated		566,675.		-282,745.
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock		()		()
28	Total liabilities and shareholders' equity		2,763,554.		1,880,137.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	-849,420.	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books	0.		Tax-exempt interest \$	
3	Excess of capital losses over capital gains				
4	Income subject to tax not recorded on books this year (itemize):				
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation \$		a	Depreciation \$	
b	Charitable contributions \$		b	Charitable contributions \$	
c	Travel and entertainment \$	0.			
		0.	9	Add lines 7 and 8	
6	Add lines 1 through 5	-849,420.	10	Income (page 1, line 28)—line 6 less line 9	-849,420.

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Schedule L, Line 25)

1	Balance at beginning of year	566,675.	5	Distributions: a Cash	0.
2	Net income (loss) per books	-849,420.		b Stock	0.
3	Other increases (itemize):			c Property	0.
			6	Other decreases (itemize):	
			7	Add lines 5 and 6	0.
4	Add lines 1, 2, and 3	-282,745.	8	Balance at end of year (line 4 less line 7)	-282,745.

Form **1125-A****Cost of Goods Sold**

OMB No. 1545-0123

(Rev. November 2018)

Department of the Treasury
Internal Revenue Service▶ **Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.**
▶ **Go to www.irs.gov/Form1125A for the latest information.**

Name

Employer identification number

HEARTLAND CABINETRY & FURNITURE, INC

45-4947462

1	Inventory at beginning of year	1	527,172
2	Purchases	2	1,784,914
3	Cost of labor	3	1,739,577
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	Total. Add lines 1 through 5	6	4,051,663
7	Inventory at end of year	7	364,688
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8	3,686,975

9a Check all methods used for valuing closing inventory:

(i) ☒ Cost

(ii) ☐ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation.) ▶

b Check if there was a writedown of subnormal goods ▶ ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO **9d**

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions ☐ Yes ☒ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No

Section references are to the Internal Revenue Code unless otherwise noted.

What's New**Small business taxpayers.** For tax years beginning after December 31, 2017, the following apply.

- A small business taxpayer (defined below), may use a method of accounting for inventories that either: (1) treats inventories as nonincidental materials and supplies, or (2) conforms to the taxpayer's financial accounting treatment of inventories.
- A small business taxpayer is not required to capitalize costs under section 263A.

General Instructions**Purpose of Form**

Use Form 1125-A to calculate and deduct cost of goods sold for certain entities.

Who Must File

Filers of Form 1120, 1120-C, 1120-F, 1120S, or 1065, must complete and attach Form 1125-A if the applicable entity reports a deduction for cost of goods sold.

Inventories

Generally, inventories are required at the beginning and end of each tax year if the production, purchase, or sale of

merchandise is an income-producing factor. See Regulations section 1.471-1. If inventories are required, you generally must use an accrual method of accounting for sales and purchases of inventory items.

Exception for certain taxpayers. A small business taxpayer (defined below), can adopt or change its accounting method to account for inventories in the same manner as material and supplies that are non-incidental, or conform to its treatment of inventories in an applicable financial statement (as defined in section 451(b)(3)), or if it does not have an applicable financial statement, the method of accounting used in its books and records prepared in accordance with its accounting procedures. See section 471(c)(3).

A small business taxpayer claiming exemption from the requirement to keep inventories is changing its method of accounting for purposes of section 481. For additional guidance on this method of accounting, see Pub. 538, Accounting Periods and Methods. For guidance on changing to this method of accounting, see Form 3115 and the Instructions for Form 3115.

Small business taxpayer. A small business taxpayer is a taxpayer that (a) has average annual gross receipts of \$25 million or less (indexed for inflation) for the 3 prior tax years, and (b) is not a tax shelter (as defined in section 448(d)(3)). See Pub. 538.**Uniform capitalization rules.** The uniform capitalization rules of section 263A generally require you to capitalize, or include in inventory, certain costs incurred in connection with the following.

- The production of real property and tangible personal property held in inventory or held for sale in the ordinary course of business.
- Real property or personal property (tangible and intangible) acquired for resale.
- The production of real property and tangible personal property for use in its trade or business or in an activity engaged in for profit.

A small business taxpayer (defined above) is not required to capitalize costs under section 263A. See section 263A(i).

See the discussion on section 263A uniform capitalization rules in the instructions for your tax return before completing Form 1125-A. Also see Regulations sections 1.263A-1 through 1.263A-3. See Regulations section 1.263A-4 for rules for property produced in a farming business.

Form

1125-E

(Rev. October 2016)

Department of the Treasury
Internal Revenue Service**Compensation of Officers**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S.

▶ Information about Form 1125-E and its separate instructions is at www.irs.gov/form1125e.

OMB No. 1545-0123

Name

HEARTLAND CABINETRY & FURNITURE, INC

Employer identification number

45-4947462

Note: Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

(a) Name of officer	(b) Social security number (see instructions)	(c) Percent of time devoted to business	Percent of stock owned		(f) Amount of compensation
			(d) Common	(e) Preferred	
1 J MARCUS SCRUDDER		100%	100%	%	154,312.
THERESA SCRUDDER		0%	100%	%	37,286.
PAMELA KIPER		100%	%	%	84,401.
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
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		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
2 Total compensation of officers					275,999.
3 Compensation of officers claimed on Form 1125-A or elsewhere on return					
4 Subtract line 3 from line 2. Enter the result here and on Form 1120, page 1, line 12 or the appropriate line of your tax return					275,999.

For Paperwork Reduction Act Notice, see separate instructions. BAA

REV 05/17/23 TT81Z Form **1125-E** (Rev. 10-2016)

Form **4562****Depreciation and Amortization**
(Including Information on Listed Property)

OMB No. 1545-0172

2022Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return HEARTLAND CABINETRY & FURNITURE, INC	Business or activity to which this form relates Form 1120 Construction/Contractor	Identifying number 45-4947462
-----------------------------------------------------------------	--------------------------------------------------------------------------------------	----------------------------------

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000.
2	Total cost of section 179 property placed in service (see instructions)	2	0.
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,080,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0.
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	37,249.
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	0.
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0.
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	37,249.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	7,683.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	941.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	8,624.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

BAA

REV 05/17/23 TTBIZ

Form **4562** (2022)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										24b If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section-179 cost													
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions.										25											
26 Property used more than 50% in a qualified business use:																					
HONDA	05/05/20	100%	23,000.	4,900.	5.00	200 DB-HY	941.														
		%																			
		%																			
27 Property used 50% or less in a qualified business use:																					
		%				S/L -															
		%				S/L -															
		%				S/L -															
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1										28 941.											
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1										29											

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2022 tax year (see instructions):					
43 Amortization of costs that began before your 2022 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Form 1120
Schedule L**Document Page 73 of 107**
Other Liabilities
and Adjustments to Shareholders' Equity**2022**Name
HEARTLAND CABINETRY & FURNITURE, INCEmployer Identification No.
45-4947462

Other Current Liabilities:	Beginning of tax year	End of tax year
LINE OF CREDIT	1,615,600.	1,497,898.
PAYROLL TAX ACCRUAL		296,375.
Totals to Form 1120, Schedule L, line 18 ▶	1,615,600.	1,794,273.

Other Liabilities:	Beginning of tax year	End of tax year
Totals to Form 1120, Schedule L, line 21 ▶		

Retained Earnings – Appropriated:	Beginning of tax year	End of tax year
Totals to Form 1120, Schedule L, line 24 ▶		

Adjustments to Shareholders' Equity:	Beginning of tax year	End of tax year
Totals to Form 1120, Schedule L, line 26 ▶		

Form 1120, Line 29a

Net Operating Loss Worksheet

2022

Name

HEARTLAND CABINETRY & FURNITURE, INC

Employer Identification Number

45-4947462

Important Information
Tax Cuts and Jobs Act (TCJA)

For taxable years ending after December 31, 2017, Net Operating Loss (NOL) rules for carrybacks and carryforwards have changed under the Tax Cuts and Jobs Act (TCJA). Except for certain farming and insurance company (other than life insurance) losses, NOLs can no longer be carried back. NOLs can now be carried forward indefinitely.

NOLs under Tax Cuts and Jobs Act of 2017 Smart Worksheet

A Is the Net Operating Loss from certain farming losses? ▶ Yes ☐ No ☐
B If "Yes" to line A, is the business electing out of the two year carryback? ▶ Yes ☐ No ☐
QuickZoom to Election Statement ▶ _____
QuickZoom to Form 1139 ▶ _____

NOL's under Tax Cuts and Jobs Act of 2017 : Carryover indefinitely

NOL Carryover Year	A Carryover	B Less Carrybacks	C Adjusted Carryover
2021			
2020			
2019			
2018			
Totals			

NOL's under Taxpayer Relief Act of 1997 : Two year carryback, twenty year carryover

NOL Carryover Year	A Carryover	B Less Carrybacks/ Carryovers	C Adjusted Carryover
2017			
2016			
2015			
2014			
2013			
2012			
2011			
2010			
2009			
2008			
2007			
2006			
2005			
2004			
2003			
2002			
Totals			

NOL's prior to Taxpayer Relief Act of 1997: Three year carryback, fifteen year carryover

NOL Carryover Year	A Carryover	B Less Carrybacks/ Carryovers	C Adjusted Carryover
2011			
2010			
2009			
2008			
2007			
Totals			

HEARTLAND CABINETRY & FURNITURE, INC

45-4947462

Net Operating Loss Summary

NOL C/O Year	A NOL Carryover Available	B Deduction Allowed in Current Year	C Adjustment Under Section 172(b)(2)	D Remaining Carryover 20 Years	E Remaining Carryover Indefinite	F Remaining Carryover 15 Years*
2021						
2020						
2019						
2018						
2017						
2016						
2015						
2014						
2013						
2012						
2011						
2010						
2009						
2008						
2007						
2006						
2005						
2004						
2003						
2002						
Totals						

Less: Carryover expiring due to 20-year limitation	
Less: Carryover expiring due to 15-year limitation	
Add: Current year net operating loss	849,420.
Less: Carryback of current year net operating loss	
Net operating loss carryover to next year	849,420.

Statement

2022

Rev. Proc. 2021-48

Forgiveness of Paycheck Protection Program Loans

Name HEARTLAND CABINETRY & FURNITURE, INC	Employer Identification Number 45-4947462
----------------------------------------------	----------------------------------------------

Number, street, and room or suite number. If a P.O. box, see instructions.

7900 VALCASI DR

City or town

State

ZIP Code

ARLINGTON

TX

76001

Foreign country name

Foreign province/state/county

Foreign postal code

Applying section 3.01(3) of Rev. Proc. 2021-48 for taxable year 2022.

Tax-exempt income from PPP forgiveness treated as received/accrued: \$0.

Forgiveness of the PPP loan has been granted as of the date the return is filed.

Additional Information From 2022 Federal Corporation Tax Return**Form 1120: US Corporation Income Tax Return****Other Deductions****Continuation Statement**

Description	Amount
AUTOMOBILE AND TRUCK EXPENSE	67,555
BANK CHARGES	6,003
COMPUTER SERVICES AND SUPPLIES	9,375
DUES AND SUBSCRIPTIONS	1,665
EQUIPMENT RENT	46,431
INSURANCE	82,204
LEGAL AND PROFESSIONAL	33,435
MEALS (50%)	0
MISCELLANEOUS	6,845
SUPPLIES	9,222
TELEPHONE	9,405
TRAVEL	28,924
UTILITIES	74,231
Total	375,295

Fill in this information to identify the case:Debtor name Heartland Cabinetry And Furniture, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/22**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From **1/01/2023** to **Filing Date****Sources of revenue**
Check all that apply☒ Operating a business☐ Other _____**Gross revenue**
(before deductions and exclusions)**\$1,994,366.00****For prior year:**From **1/01/2022** to **12/31/2022**☒ Operating a business☐ Other _____**\$4,613,911.00****For year before that:**From **1/01/2021** to **12/31/2021**☒ Operating a business☐ Other _____**\$6,280,952.00****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**
Check all that apply

Debtor **Heartland Cabinetry And Furniture, Inc.**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. SEE ATTACHED LIST.		\$0.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
------------------------------------------------------	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
ALLY FINANCIAL P.O. BOX 9001951 Louisville, KY 40290-1951	2017 Ford F-150 (VIN 1FTEW1CP8HKD92275)	May 2023	\$10,000.00
ALLY FINANCIAL P.O. BOX 9001951 Louisville, KY 40290-1951	2017 Ford Transit Express Van (VIN VM0LS7E7XH1336974)	May 2023	\$4,500.00

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	-----------------------------------------	-----------------------	--------

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Tiffany Cooke v. Heartland Cabinetry and Furniture, Inc. JP07-23-SC00011338	Civil	Justice Court, Precinct 7, Tarrant Cty 1100 East Broad Street, Suite 202 Mansfield, TX 76063	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

Debtor Heartland Cabinetry And Furniture, Inc. Case number (if known) _____

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.2.	Rugby Holdings, LLC v. Heartland Cabinetry and Furniture, Inc. CC-22-04801-A	Civil	County Court No. 1 of Dallas County, Tx	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	Next Level Staffing v. Heartland Cabinetry and Furniture, Inc. CV-2022-02399	Civil	County Court at Law No. 2 Denton Cty, TX	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.4.	Tarrant County, et al, v. Heartland Cabinetry and Furniture, Inc. 067-D36754-23	Civil	Tarrant County District Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.5.	Sandra Seaton & Christian Matthew Seaton v. Heartland Cabinetry and Furniture, et al. 429-03517-2023	Civil	429th District Court, Collin County, TX 2100 Bloomdale Road McKinney, TX 75071	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.6.	Kelly-Moore Paint Company, Inc. v. Heartland Cabinetry and Furniture, Inc. et al. 2022-006647-3	Civil		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.7.	Modulardesign+, LLC v. Heartland Cabinetry and Furniture, Inc. 23-2943-431	Civil	431st District Court, Denton County, TX	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	-------------------------------------------	-------------	-------

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☐ None

Debtor **Heartland Cabinetry And Furniture, Inc.**

Case number (if known)

Description of the property lost and how the loss occurred**Amount of payments received for the loss****Dates of loss****Value of property lost**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

**2015 Ford F-350 (VIN
1FD8W3HT3FEB77960) (Theft)
Police Report # 2023-90000911
(EMC Claim #Z01815783)**

07/15/2023**\$26,000.00**

**Komatsu FG25ST-14 Forklift (Theft)
Police Report 2023-90000911 (EMC
Claim # Z01815809)**

08/14/2023**\$12,000.00****Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

**Who was paid or who received
the transfer?
Address**

If not money, describe any property transferred**Dates****Total amount or
value**

11.1. **Fox Rothschild LLP
2501 N. Harwood St.
Suite 1800
Dallas, TX 75201**

Attorney Fees

**11/28/2023
(\$25,000)
12/08/2023
(\$25,000)**

\$50,000.00

**Email or website address
tmonsour@foxrothschild.com**

Who made the payment, if not debtor?**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.**Name of trust or device****Describe any property transferred****Dates transfers
were made****Total amount or
value****13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

**Who received transfer?
Address**

**Description of property transferred or
payments received or debts paid in exchange****Date transfer
was made****Total amount or
value****Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Debtor **Heartland Cabinetry And Furniture, Inc.**

Case number (if known) _____

☐ Does not apply**Address****Dates of occupancy
From-To**14.1. **4709 S. Edgewood Terrace
Fort Worth, TX 76119****11-01-2020 through 08-31-2022****Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address**Nature of the business operation, including type of services
the debtor provides****If debtor provides meals
and housing, number of
patients in debtor's care****Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

Heartland Cabinetry And Furniture, Inc. 401(k) Plan

Employer identification number of the plan

EIN: **45-4947462**

Has the plan been terminated?

- ☒ No
- ☐ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None**Financial Institution name and
Address****Last 4 digits of
account number****Type of account or
instrument****Date account was
closed, sold,
moved, or
transferred****Last balance
before closing or
transfer****19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

Debtor **Heartland Cabinetry And Furniture, Inc.**

Case number (if known) _____

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
-----------------------------------------	----------------------------------------------	-----------------------------	----------------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Angel Gonzalez 308 South Mockingbird Lane Keene, TX 76059	Angel Gonzalez 308 South Mockingbird Lane Keene, TX 76059	Finished Goods/Supplies	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Debtor **Heartland Cabinetry And Furniture, Inc.**

Case number (if known) _____

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address

Describe the nature of the business

Employer identification number

Do not include Social Security number or ITIN.

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Date of service
From-To

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

If any books of account and records are unavailable, explain why

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. **MapleMark Bank**
Reagan Place at Old Park and
3963 Maple Avenue, Suite 260
Dallas, TX 75219

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name

Address

Position and nature of any interest

% of interest, if any

PAMELA A KIPER**220 Laurel St.**
Mansfield, TX 76063**Secretary****0%**

Debtor **Heartland Cabinetry And Furniture, Inc.**

Case number (if known) _____

Name	Address	Position and nature of any interest	% of interest, if any
JOE M SCRUDDER, JR	3451 Chapel Oaks, #403 Coppell, TX 75019	President	100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
THERESA SCRUDDER	261 Edmondson Drive Coppell, TX 75019	Secretary & Director, 0%	04/2012 to 01/2023

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	JOE M SCRUDDER, JR 3451 Chapel Oaks, #403 Coppell, TX 75019	\$10,122.21 (Net Salary) \$206,492.83 (Employee Draw)		
	Relationship to debtor President			
30.2	PAMELA A KIPER 220 Laurel St. Mansfield, TX 76063	\$84,655.41 (Net Salary)		
	Relationship to debtor Secretary			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	----------------------------------------------------------

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the pension fund
--------------------------	----------------------------------------------------

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in

Debtor **Heartland Cabinetry And Furniture, Inc.**

Case number (if known) _____

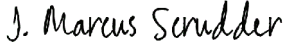
connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

DocuSigned by:

, 2023



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Signature of individual signing on behalf of the debtor

J. Marcus Scrudder

Printed name

Position or relationship to debtor **President**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No☐ Yes

VENDOR	Type	Date	Amount
ABS TRIM AND CABINETS	Check	09/22/2023	2,368.00
ABS TRIM AND CABINETS	Check	09/22/2023	4,560.00
ABS TRIM AND CABINETS	Check	10/20/2023	3,200.00
ABS TRIM AND CABINETS	Check	11/01/2023	4,560.00
ABS TRIM AND CABINETS	Check	11/10/2023	2,760.00
ABS TRIM AND CABINETS Total			17,448.00
BARNEY ROBINSON HARDWOODS	Check	10/04/2023	2,826.84
BARNEY ROBINSON HARDWOODS	Check	10/26/2023	337.40
BARNEY ROBINSON HARDWOODS	Check	11/02/2023	3,509.24
BARNEY ROBINSON HARDWOODS	Check	11/02/2023	96.92
BARNEY ROBINSON HARDWOODS	Check	11/08/2023	198.00
BARNEY ROBINSON HARDWOODS	Check	11/08/2023	99.01
BARNEY ROBINSON HARDWOODS	Check	11/10/2023	2,629.61
BARNEY ROBINSON HARDWOODS	Check	11/15/2023	2,232.34
BARNEY ROBINSON HARDWOODS	Check	11/17/2023	1,634.58
BARNEY ROBINSON HARDWOODS Total			13,563.94
BRAZOS FOREST PRODUCTS	Check	09/18/2023	2,057.54
BRAZOS FOREST PRODUCTS	Check	09/26/2023	1,751.50
BRAZOS FOREST PRODUCTS	Check	09/26/2023	2,085.69
BRAZOS FOREST PRODUCTS	Check	10/02/2023	302.56
BRAZOS FOREST PRODUCTS	Check	10/02/2023	842.73
BRAZOS FOREST PRODUCTS	Check	10/02/2023	1,340.15
BRAZOS FOREST PRODUCTS	Check	10/12/2023	778.32
BRAZOS FOREST PRODUCTS	Check	10/12/2023	4,022.20
BRAZOS FOREST PRODUCTS	Check	11/01/2023	4,000.00
BRAZOS FOREST PRODUCTS	Check	11/01/2023	8,922.34
BRAZOS FOREST PRODUCTS	Check	11/16/2023	4,321.47
BRAZOS FOREST PRODUCTS Total			30,424.50
DIIP LL, LLC	Check	09/29/2023	15,857.19
DIIP LL, LLC	Check	09/29/2023	15,857.19
DIIP LL, LLC	Check	10/16/2023	15,857.19
DIIP LL, LLC	Check	11/16/2023	15,857.19
DIIP LL, LLC Total			63,428.76
FEDERATED INSURANCE	Check	11/22/2023	25,920.90
FEDERATED INSURANCE Total			25,920.90
HUDSON ENERGY	Check	09/29/2023	3,544.29
HUDSON ENERGY	Check	10/23/2023	7,560.03
HUDSON ENERGY	Check	11/16/2023	3,840.52
HUDSON ENERGY Total			14,944.84
JOEL SAAVEDRA	Check	09/28/2023	850.00
JOEL SAAVEDRA	Check	10/06/2023	1,820.00
JOEL SAAVEDRA	Check	10/13/2023	700.00
JOEL SAAVEDRA	Check	10/19/2023	735.00
JOEL SAAVEDRA	Check	10/30/2023	2,680.00
JOEL SAAVEDRA	Check	11/10/2023	3,122.50
JOEL SAAVEDRA	Check	11/20/2023	2,037.50
JOEL SAAVEDRA	Check	12/04/2023	1,050.00
JOEL SAAVEDRA Total			12,995.00
PLYWOOD COMPANY OF FT. WORTH	Check	09/22/2023	159.35
PLYWOOD COMPANY OF FT. WORTH	Check	09/26/2023	1,104.15
PLYWOOD COMPANY OF FT. WORTH	Check	09/28/2023	1,234.26
PLYWOOD COMPANY OF FT. WORTH	Check	10/12/2023	593.57
PLYWOOD COMPANY OF FT. WORTH	Check	10/20/2023	382.37
PLYWOOD COMPANY OF FT. WORTH	Check	10/30/2023	70.77
PLYWOOD COMPANY OF FT. WORTH	Check	10/31/2023	114.56
PLYWOOD COMPANY OF FT. WORTH	Check	11/14/2023	707.26
PLYWOOD COMPANY OF FT. WORTH	Check	11/15/2023	117.23
PLYWOOD COMPANY OF FT. WORTH Total			4,483.52
PRIDE INDUSTRIAL, LLC	Check	09/08/2023	136.83
PRIDE INDUSTRIAL, LLC	Check	09/21/2023	449.41

VENDOR	Type	Date	Amount
PRIDE INDUSTRIAL, LLC	Check	09/22/2023	1,075.75
PRIDE INDUSTRIAL, LLC	Check	09/28/2023	1,822.14
PRIDE INDUSTRIAL, LLC	Check	10/12/2023	1,892.25
PRIDE INDUSTRIAL, LLC	Check	10/13/2023	1,992.06
PRIDE INDUSTRIAL, LLC	Check	10/17/2023	1,460.22
PRIDE INDUSTRIAL, LLC	Check	11/10/2023	1,041.67
PRIDE INDUSTRIAL, LLC Total			9,870.33
WTC LUMBER	Bill Pmt -Check	09/19/2023	2,500.00
WTC LUMBER	Bill Pmt -Check	09/21/2023	1,800.19
WTC LUMBER	Bill Pmt -Check	10/04/2023	3,000.00
WTC LUMBER	Bill Pmt -Check	10/11/2023	3,596.33
WTC LUMBER	Bill Pmt -Check	10/20/2023	835.58
WTC LUMBER	Bill Pmt -Check	10/31/2023	3,320.90
WTC LUMBER	Bill Pmt -Check	11/17/2023	4,207.61
WTC LUMBER Total			19,260.61
Grand Total			212,340.40

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Northern District of Texas

In re **Heartland Cabinetry And Furniture, Inc.**

Debtor(s)

Case No.

Chapter

11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>50,000.00</u>
Prior to the filing of this statement I have received	\$	<u>50,000.00</u>
Balance Due	\$	<u>0.00</u>
2. \$ **1,738.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
 - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
 - e. [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

December 8, 2023*Date*/s/ Trey Monsour**Trey Monsour***Signature of Attorney***Fox Rothschild LLP****2501 N. Harwood St.****Suite 1800****Dallas, TX 75201****(972) 991-0889 Fax: (972) 404-0516****tmonsour@foxrothschild.com***Name of law firm*

**United States Bankruptcy Court
Northern District of Texas**In re **Heartland Cabinetry And Furniture, Inc.**

Debtor(s)

Case No.
Chapter**11****LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
JOE M SCRUDDER, JR 3451 Chapel Oaks, #403 Coppell, TX 75019			100%

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **December 8, 2023**

Signature

DocuSigned by:


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J. Marcus Scrudaer

Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS

In Re:

Heartland Cabinetry And Furniture, Inc.

Debtor(s)

§
§
§
§
§
§
§

Case No.:

VERIFICATION OF MAILING LISTThe Debtor(s) certifies that the attached mailing list (*only one option may be selected per form*):

- ☒ is the first mail matrix in this case.
- ☐ adds entities not listed on previously filed mailing list(s).
- ☐ changes or corrects name(s) and address(es) on previously filed mailing list(s).
- ☐ deletes name(s) and address(es) on previously filed mailing list(s).

In accordance with N.D. TX L.B.R. 1007.2, the above named Debtor(s) hereby verifies that the attached list of creditors is true and correct.

Date: **December 8, 2023**

DocuSigned by:

J. Marcus Scrudder

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J. Marcus Scrudder/President

Signer/Title

Date: **December 8, 2023**

/s/ Trey Monsour

Signature of Attorney

Trey Monsour**Fox Rothschild LLP****2501 N. Harwood St.****Suite 1800****Dallas, TX 75201****(972) 991-0889 Fax: (972) 404-0516****45-4947462**

Debtor's Social Security/Tax ID No.

Joint Debtor's Social Security/Tax ID No.

ABS TRIM AND CABINETS
1521 TEDDY TRAIL
GLENN HEIGHTS, TX 75154

ADAM B WYNN
5329 Glade Ln.
Grapevine, TX 76051

ALAN-ANTHONY ABRASIVES, LLC
P.O. BOX 381442
DUNCANVILLE, TX 75138

ALLY FINANCIAL
PO BOX 9001951
LOUISVILLE, KY 40290-1951

ALLY FINANCIAL
P.O. BOX 9001951
Louisville, KY 40290-1951

ALTUS RECEIVABLES MANAGEMENT
P.O. BOX 186
Metairie, LA 70004-0186

AMERICAN FUNDS
P.O. BOX 659530
SAN ANTONIO, TX 78265-9530

AMPARO JIMENEZ
3316 Bryan Ave.
Fort Worth, TX 76110

ANDREA GOMEZ
7832 West Park Ln.
Mansfield, TX 76063

ANHTUNG M LE
6020 Brandy Wood Tr.
Fort Worth, TX 76018

APOLLO MACHINE TOOL SERVICES, INC.
PO BOX 5708
ARLINGTON, TX 76005

ARLINGTON UTILITIES
P.O. BOX 90020
ARLINGTON, TX 76004-0020

BARNEY ROBINSON HARDWOODS
P.O. BOX 2374
FT. WORTH, TX 76113

BAZLEY, REBEKKAH
122 COZY COURT
CHICO, TX 76431

BEBERSTEIN, DANIEL
2381 CR208
ALVARADO, TX 76009

BELLINGER & SUBERG L.L.P.
12221 MERIT DRIVE, SUITE 1750
DALLAS, TX 75251

BLACK OAK RENOVATIONS
342 CR 2420
PICKTON, TX 75471

BLOYEN, GLENDA & NICHOLAS
487 STONEY ACRES
PONDER, TX 76259

BLUE QUAIL BUILDERS
3535 W 7TH ST. B
FORT WORTH, TX 76107

BRABEC CUSTOM HOMES
1015 CHAMPIONS DR, SUITE 125
ALED0, TX 76008

BRAZOS FOREST PRODUCTS
2760 N. GREAT SOUTHWEST PARKWAY
GRAND PRAIRIE, TX 75050

CAPITAL ONE SPARK VISA
PO BOX 71083
CHARLOTTE, NC 28272-1083

CLETO BECERRA
3316 Bryan Ave.
Fort Worth, TX 76110

COMPLETE CONSUMER SOLUTIONS, INC
170 S GREEN VALLEY PKWY, SUITE 300
HENDERSON, NV 89012

COUTO HOMES
2155 E. HWY 377
GRANBURY, TX 76048

CR CUSTOM HOMES
4329 NASHWOOD LANE
DALLAS, TX 75244

D&R
11060 HARRY HINES BLVD
DALLAS, TX 76001

DC TEXAS
1348 W US 287 BYPASS SUITE 100
WAXAHACHIE, TX 75165

DESCO CUSTOM BUILDERS, INC.
1 BELLA PORTA PLACE
DALLAS, TX 75254

DIIP LL, LLC
PO BOX 27074
NEWARK, NJ 07101

EDGE OF ARLINGTON
124 S COLLINS, ST
ARLINGTON, TX 76010

EDUARDO N PEREZ
7125 Misty Meadows Dr.
Fort Worth, TX 76133

EDWARD BARBER
6608 Olive Wood Dr.
Arlington, TX 76001

ELADIO DELGADILLO
5672 Comer Dr.
Fort Worth, TX 76134

EMC INSURANCE
717 MULBERRY
DES MOINES, IA 50309

ERICK MOREIRA
1211 Stone Creek Dr.
Mansfield, TX 76063

EVANS MANAGEMENT
2300 COUNTRY RD 920
CROWLEY, TX 76036

FEDERATED INSURANCE
P.O. BOX 95231
CHICAGO, IL 60694-5231

FEDEX
P.O. BOX 660481
DALLAS, TX 75266-0481

FILIBERTO HERRERA
612 McCurdy St.
Fort Worth, TX 76104

FIRST DATA MERCHANT SERVICES
PO BOX 186
METAIRIE, LA 07004-0186

FRED EVANS CUSTOM HOMES
200 LILA BLUE
VAN ALSTYNE, TX 75495

FREEDMAN, PRICE & ANZIANI, P.C.
1102 WEST AVENUE SUITE 200
Austin, TX 78701

FRONTLINE ASSET STRATEGIES, LLC
10550 DEERWOOD PARK BLVD, SUITE 309
Jacksonville, FL 32256

GINA TORRES
3203 Willing Ave.
Fort Worth, TX 76110

GRISHAM & KENDALL, PLLC
5910 N. CENTRAL EXPRESSWAY
PREMIER PLACE - SUITE 925
Dallas, TX 75206

HALLER CONSTRUCTION
2624 SILVERTHORNE DR
DALLAS, TX 75284

HALO WOODS
2386 FARADAY AVE, SUITE 125
CARLSBAD, CA 92008

Hamilton & Lucio, P.C.
Bryant Touchy, Esq., Erick Lucio, Esq.
805 Old Port Isabel Road
Brownsville, TX 78521

HARDWARE RESOURCES
P.O. BOX 732674
DALLAS, TX 75373-2674

HARDWOODS SPECIALTY PRODUCTS
833 S. GREAT SOUTHWEST PKWY
GRAND PRAIRIE, TX 75051

HAVEN HOMES, INC.
PO BOX 1864
COLLEYVILLE, TX 76034

HDH FINANCIAL, LLC
PO BOX 24328
FT WORTH, TX 76124

HEATHERDALE CUSTOM HOMES
3302 HUNTER OAKS CT
MANSFIELD, TX 76063

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